

## STANDARD CERTIFICATE OF DEATH

State File No. **31017****8687**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN <sup>401</sup> Florissant <sup>51</sup>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Little Flower Conv. Home					
3. NAME OF DECEASED (Type or Print)		a. (First) Oliver		b. (Middle) J.	
		c. (Last) Huefner		4. DATE OF DEATH (Month) (Day) (Year) 10 3 1955	

5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 4/27/1901		9. AGE (In years last birthday) 54		10. UNDER 1 YEAR Months		11. UNDER 15 HRS. Days		12. UNDER 18 HRS. Hours		13. UNDER 24 HRS. Minutes	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Gen. Mgr.				10b. KIND OF BUSINESS OR INDUSTRY Auto Agency				11. BIRTHPLACE (City and State or Foreign Country) Belleville, Ill.				12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Otto Huefner			13b. MOTHER'S MAIDEN NAME Elizabeth Hasenstab			14. NAME OF HUSBAND OR WIFE Hilda Huefner					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.			16. SOCIAL SECURITY NO. Unknown			17. INFORMANT'S SIGNATURE OR NAME Hilda Huefner			ADDRESS 9 Spring Dr., Florissant, Mo.		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>metastatic bronchogenic carcinoma of brain</i>						9 mos.	
		ANTECEDENT CAUSES DUE TO (b) <i>Primary bronchogenic carcinoma</i>						mos.	
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c)							
		II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death. 162x							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>Metastatic bronchogenic carcinoma of brain</i>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) Florissant		(COUNTY)		(STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					

22. I hereby certify that I attended the deceased from 20 Feb, 1953, to 3 Oct, 1955, that I last saw the deceased alive on 3 Oct, 1955, and that death occurred at 9:40 P. m., from the causes and on the date stated above.

23a. SIGNATURE <i>Spert G. Guly</i>		(Degree or title)		23b. ADDRESS <i>212 Thirteenth Piquette, Mo.</i>		23c. DATE SIGNED <i>10/14/55</i>	
24a. BURIAL OR CREMATION <i>Removal</i>		24b. DATE 10/6/55		24c. NAME OF CEMETERY OR CREMATOR Walnut Hill		24d. LOCATION (City, town, or county) (State) Belleville, Ill.	

DATE REC'D BY LOCAL REG. OCT 5 1955		REGISTRAR'S SIGNATURE <i>J. Carls Smith</i>		25. FUNERAL DIRECTOR'S SIGNATURE Pete Gaedner		ADDRESS Belleville, Ill.	
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision..

Student .....  
Signature of Student Embalmer

Signed *Dill C. Branson* .....

Licensed Embalmer No. *476* .....

P. O. Address *St Louis* .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.