

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15752**

S. No. 300
v. 10.48

FILED MAY 3-1957

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **907**

1. PLACE OF DEATH a. COUNTY St. Louis			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY St. Louis		
b. CITY (If outside corporate limits, write RURAL and give township) Kochs		c. LENGTH OF STAY (in this place) 27 months	c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 29 Robert Koch Hospital			e. STREET ADDRESS (If rural, give location) 4510 Virginia		
3. NAME OF DECEASED a. (First) Edgar b. (Middle) Stephen c. (Last) Huffman			4. DATE OF DEATH (Month) (Day) (Year) April 4 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH 10-6-99	9. AGE (In years last birthday) 57	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give full work description if not in schedule) Freight Agent		10b. KIND OF BUSINESS OR INDUSTRY Anheuser-Busch Brewery	11. BIRTHPLACE (City and State of foreign Country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Herman Huffman		13b. MOTHER'S MAIDEN NAME Theresa Braum	14. NAME OF HUSBAND OR WIFE Blanche Prosser		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes	16. SOCIAL SECURITY NO. 49707-2116	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Records of Robert Koch Hospital			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Accident ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary tuberculosis				INTERVAL BETWEEN ONSET AND DEATH 2 days 4 years
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 331XA
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) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 1-1 , 19 55 , to 4-4 , 19 57 , that I last saw the deceased alive on 4-4 , 19 57 , and that death occurred at 2:40 A. m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Arce R. Moran M.D.			23b. ADDRESS Robert Koch Hospital		23c. DATE SIGNED 4/4/57
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 4/8/57	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Missouri		
DATE REC'D BY LOCAL REG. 4-5-57	REGISTRAR'S SIGNATURE Herbert A. Donahue	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS CALVIN F. FEUTZ 4828 Natural Bridge Blvd., FUNERAL HOME, INC., St. Louis, 15, Mo.			

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

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 *John A. Melina*.....

Licensed Embalmer No. *4186*.....

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.