

Health, Welfare & Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-041723
STATE FILE NUMBER

FILED DEC 1 1958 Registration District No. 318 Primary Registration District No. 1008 Registrar's No. 11224

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MO. Baptist Hosp		d. STREET ADDRESS (If outside, give location) 3206 Kossuth Ave 7	
Length of stay in 1b Lifetime		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED First Middle Last HARVEY HUEHNERHOFF			4. DATE OF DEATH Month Day Year Nov. 20 1958
5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 18, 1892
9. AGE (In years last birthday) 66		FUNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Printer		10b. KIND OF BUSINESS OR INDUSTRY Jaccard Jewelry Co.	11. BIRTHPLACE (City and state or country) St. Louis, MO.
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Henry Huehnerhoff		13b. MOTHER'S MAIDEN NAME Josephine Westinee	
14. NAME OF HUSBAND OR WIFE Never Married			
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. 490-01-6130	17. INFORMANT Address Robert Huehnerhoff 8869 May Av. Jennings, MO
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebral Hemorrhage</i> DUE TO (b) <i>Arterio-sclerosis, general</i> DUE TO (c) <i>Hypertensive Heart Disease</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>443X</i>			INTERVAL BETWEEN ONSET AND DEATH <i>2 1/2 mo.</i>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>no injury</i>	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from <i>Nov. 1954</i> to <i>Nov. 20 1958</i> and last saw ^{her} him alive on <i>Nov. 20 1958</i> Death occurred at <i>8:35 p.m.</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>C. Rush McAdam MD</i> (Degree or title)		22b. ADDRESS <i>906 Olive, St. Louis, Mo.</i>	22c. DATE SIGNED <i>11-21-58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Nov. 22, 1958	23c. NAME OF CEMETERY OR CREMATORY N. Bethlehem Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis County MO.
24. FUNERAL DIRECTOR ADDRESS SUEDEMEYER & SON'S 3934. N. 20th Street		25. DATE RECD. BY LOCAL REG. NOV 21 '58	26. REGISTRAR'S SIGNATURE <i>Carl Smith MD</i> <i>mfb.</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Robert J. Cox Jr.*

Licensed Embalmer No. *4800*
P. O. Address *Kirkwood 22*

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.