

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-012740

FILED VS APR 4 1960

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. **2 2942** STATE FILE NUMBER

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>MO</b> b. COUNTY |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST. LOUIS</b>                      |  | c. CITY OR TOWN <b>ST. LOUIS</b>  |  |
| Length of stay in 1b <b>70 YRS</b>  |  | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                     |  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>D.O.A. CITY HOSPITAL</b> |  | d. STREET ADDRESS (If outside, give location) <b>1114<sup>A</sup> DESTREHAN ST.</b>                                   |  |
| Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                       |  | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                    |  |

|  |  |   |                                       |  |  |
|--|--|---|---------------------------------------|--|--|
| 3. NAME OF DECEASED (Type or print) <b>HARRY F. HUEHNERHOFF</b>  |  |   | 4. DATE OF DEATH <b>MARCH 12 1960</b> |  |  |
| 5. SEX <b>MALE</b>   |  | 6. COLOR OR RACE <b>WHITE</b>   |                                       | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> |  |
| 8. DATE OF BIRTH <b>12/9-1889</b>  |  | 9. AGE (last birthday) <b>70 YRS</b>  |                                       | IF UNDER 1 YEAR IF UNDER 24 HR   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED GUARD</b> |  | 10b. KIND OF BUSINESS OR INDUSTRY <b>U.S. GOVT.</b>   |                                       | 11. BIRTHPLACE (City and state or country) <b>ST. LOUIS</b>  |  |
| 12. CITIZEN OF WHAT COUNTRY <b>U.S.A</b>   |  | 13a. FATHER'S NAME <b>HENRY HUEHNERHOFF</b>   |                                       | 13b. MOTHER'S MAIDEN NAME <b>JOSEPHINE WESTINEE</b>  |  |
| 14. NAME OF HUSBAND OR WIFE <b>AGNES HUEHNERHOFF BRAND</b>   |  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES WORLD WAR I</b> |                                       | 16. SOCIAL SECURITY NO. <b>498-03-2973</b>   |  |
| 17. INFORMANT <b>MRS. EVELYN BROYLES</b>   |  | Address <b>8345 ORCHARD UNIVERSITY CITY, (22) MO</b>  |                                       |  |  |

|   |  |   |  |
|---|--|---|--|
| 18. CAUSE OF DEATH (Enter only one cause per line for (b), and (c). PART I. DEATH WAS CAUSED BY:                                  |  | INTERVAL BETWEEN ONSET AND DEATH  |  |
| IMMEDIATE CAUSE (a) <b>Subarachnoid Hemorrhage</b>  |  |   |  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  |  | DUE TO (b) <b>Carotid Sclerosis</b>   |  |
| DUE TO (c) <b>904.6 45</b>  |  |   |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) |  | PART III. If deceased was female was there a pregnancy in last 90 days.                   |  |
|   |  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>               |  | 20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> |  | 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.) <b>Slipped when descending steps in tavern at 2003 Perry Street on March 12th</b> |  |
| 20c. TIME OF INJURY Hour Month, Day, Year <b>3 12 60 1960</b>  |  | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>               |  | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>209 Tavern</b>  |  |
|  |  | 20f. CITY, TOWN, OR LOCATION <b>St Louis</b>   |  | COUNTY <b>MO</b> STATE  |  |
| 21. I attended the deceased from <b>1100 P.</b> and last saw her/him alive on _____                          |  |  |  |   |  |
| Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated. |  |  |  |   |  |

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 22a. SIGNATURE (Degree or title) <b>Dabney E. Dwyer</b>       |  | 22b. ADDRESS <b>Box 211</b>                      |  | 22c. DATE SIGNED <b>3/14/60</b>  |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>      |  | 23b. DATE <b>3/15-1960</b>                       |  | 23c. NAME OF CEMETERY OR CREMATORY <b>MEMORIAL PARK CEM</b>            |  |
| 24. FUNERAL DIRECTOR <b>Quedmeyer &amp; Sons 3934 N. 20th</b> |  | 25. DATE RECD. BY LOCAL REG. <b>MAR 14 1960</b>  |  | 23d. LOCATION (City, town, or county), (State) <b>ST. LOUIS CO. MO</b> |  |
| ADDRESS   |  | 26. REGISTRAR'S SIGNATURE <b>Carl Smith M.D.</b> |  |  |  |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

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

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed John J. Haines

Licensed Embalmer No. 4108

P. O. Address St Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.