

S. No. 2
M-5-42
v. 5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **9321**

FIXED NOV 16 1942
Registration District No. **318**

Primary Registration District No. **1003**

22

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

1. PLACE OF DEATH:

(a) County **St. Louis**

(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **Europe City 3 Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____

(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")

(d) Street No. **2605 Olive**
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)
If yes name country _____

No Attending Physician

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3. (a) PRINT FULL NAME **Jack C. Huth**

3. (b) If veteran, name war _____

3. (c) Social Security No. **XXX**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **6**
year **1942** hour **7** minute **P** M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **3 Divorced**

6. (b) Name of husband or wife **Estelle Huth** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **January 11 1884**
(Month) (Day) (Year)

that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death _____

8. AGE: Years **58** Months **9** Days **25** If less than one day _____ hr. _____ min.

Duration _____

Chronic Myocarditis
Chronic Interstitial Nephritis

Due to _____

9. Birthplace **Germany** 4
(City, town, or county) (State or foreign country)

10. Usual occupation **Millinery**

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

11. Industry or business _____

MOTHER FATHER { 12. Name **George C. Huth**

13. Birthplace **Germany** 4
(City, town, or county) (State or foreign country)

14. Maiden name **Catherine Fischer**

15. Birthplace **Germany** 4
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant **Edwin Thoma**

(b) Address **Hoene Springs Mo.**

17. (a) **Burial** (b) Date thereof **11/9/42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Matthews Cem.**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director **John S. Ziegler & Sons**
7027 Gravois Ave.

(b) Address _____

19. (a) **NOV 9 1942** **J. F. Prueck**
(Date received local registrar) (Registrar's signature)

(Specify type of place) _____

While at work? _____ Means of injury _____

23. Signature **Thomas J. Callanan** 3
Address **Deputy Coroner** Date signed **11/9/42**

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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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

C. P. Kidwell

Licensed Embalmer No. *3877*

P. O. Address... *7027 Gravois*

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 this body is not embalmed, fact should be so stated above.