

FILED MAR 20 1944

Registration District No. 306 Primary Registration District No. 6048 Registrar's No. 209

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

1. PLACE OF DEATH:

(a) County St. Charles

(b) City or town Wentzville, Wentzville township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: _____ (Specify whether years, months or days)

In this community: 42

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Charles

(c) City or town Wentzville
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country: _____

3. (a) PRINT FULL NAME D. B. Van Huffle

(b) If veteran, name war: _____

(c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 19th year 1944 hour 1 minute 50 P. M.

4. Sex Male 5. Color or Race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Hermia Van Huffle

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: May 6 1868
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Coroners to Inquest to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

8. AGE: Years 76 Months 8 Days 13 If less than one day _____ hr. _____ min.

Immediate cause of death: Shock due to crushed chest.

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) 169-6

9. Birthplace: Belgium
(City, town, or county) (State or foreign country)

10. Usual occupation: Druggist

Major findings: no

Of operations: no

Of autopsy: no

PHYSICIAN _____ Underline the cause to which death should be charged statistically.

11. Industry or business: Drug

12. Name: _____

13. Birthplace: _____ (City, town, or county) (State or foreign country)

14. Maiden name: _____

15. Birthplace: _____ (City, town, or county) (State or foreign country)

16. (a) Informant: Louise Van Huffle

(b) Address: Wentzville

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

(a) Accident, suicide, or homicide (specify): accident 09-0

(b) Date of occurrence: Jan 19th 1944

(c) Where did injury occur? Wentzville Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? C.R. crossing in Wentzville (not by train)
(Specify type of place) (Means of injury)

While at work? yes

17. (a) Burial (b) Date thereof: Jan 21 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Wentzville Mo.

18. (a) Signature of funeral director: E. A. Ruthley

(b) Address: Wentzville Mo.

19. (a) Feb 3-1940 E. A. Ruthley
(Date received local registrar) (Registrar's signature)

23. Signature: Dr. Erich Schuk (M. D. or other)

Address: St. Charles Mo. Date signed: 1/29/44

RECEIVED
District Health Officer No. 9,
District File Number _____
Date Filed 3-17-44

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 T. E. Pitman

Licensed Embalmer No. 2911

P. O. Address Wentzville, Mo.

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.