

FILED OCT 23 1944 18

Registration District No. **1003**

Registrar's No. **8447**

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution:
City Hospital #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) 0

In this community _____ (Specify whether years, months or days) 0

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
17

(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL") 17

(d) Street No. 2626 S. Compton Ave
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Benjamin Huwe

3. (b) If veteran, name war World War #1

3. (c) Social Security No. 492-09-6638

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Ella Huwe

6. (c) Age of husband or wife if alive 32 years

7. Birth date of deceased October 20 1895
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

| | | | |
|----|----|----|----------|
| 48 | 11 | 13 | hr. min. |
|----|----|----|----------|

9. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Metal Polisher

11. Industry or business _____

MOTHER FATHER {

12. Name Frederick Huwe

13. Birthplace Illinois 1
(City, town, or county) (State or foreign country)

14. Maiden name Rose Conroy

15. Birthplace Illinois 1
(City, town, or county) (State or foreign country)

16. (a) Informant Ella Huwe

(b) Address 2626 S. Compton Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof October 6 1944
(Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director Ziegenhein Brothers

(b) Address 6409 Gravois Ave

19. (a) OCT 4 1944 (Date received local registrar) J. J. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3rd day October
year 1944 hour 9:35 minute 44 A.M.

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

Immediate cause of death Cardiac Hypertrophy
Edema of Brain

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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

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? _____

While at work? _____ (Specify type of place)

Means of injury 3

23. Signature J. J. Bradeck (M. D. or other)
Address St. Louis Date signed 10/4/44

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

5568
60
17
9

12-28-44

844

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.....

Homer W. Fritz

Licensed Embalmer No. 3882

P. O. Address.....

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.