

No. 2
-12-45
-5-17-39
1 X4702

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35247

FILED NOV 7 1946
318

State File No.

Registration District No.

Primary Registration District No.

Registrar's No. 9260

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..... St. Johns Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 Months
(Specify whether)

In this community Since Birth
years, months or days)

3. (a) PRINT FULL NAME HARRY H. HUEFE

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

3. (c) Social Security No.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife ADELE B. (Scheafer)

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased February 20, 1894
(Month) (Day) (Year)

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

52 8 7 hr. min.

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

10. Usual occupation Fire Inspector

11. Industry or business Ordinance Depot

MOTHER FATHER {

12. Name Herman Huefe

13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Sophia Steffen

15. Birthplace Black Jack, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Adele B. Huefe

(b) Address 6110 North Broadway

17. (a) Burial (b) Date thereof 10/29/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery Jefferson Barracks

18. (a) Signature of funeral director Math. Hermann & Son

(b) Address 2161 East Fair Avenue

19. (a) OCT 29 1946 (b) J. F. Bredack
(Date received local report) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 9 a.s.u.

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

(d) Street No. 6110 North Broadway 9
(If rural, give location) 0

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

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 27
year 1946 hour 12:05 AM minute M.

21. I hereby certify that I attended the deceased from 5-5-1945 to 10-26-1946
that I last saw him alive on 10-26-1946
and that death occurred on the date and hour stated above.

Immediate cause of death
Cerebral embolism of blood of middle
Duration

Due to
Due to

Other conditions. Cerebral embolism
(Include pregnancy within 3 months of death)

Major findings: Small cerebral lesions
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

23. Signature Dr. T. S. ... (M. D. or other) ...
Address 634 N. ... Date signed 10-29-46

FEB 3 1947

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.....

Licensed Embalmer No. 4209

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.