

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

6318

**1. PLACE OF DEATH**

County..... Registration District No. 791 File No. ....  
 Township..... Primary Registration District No. 1003 Registered No. 1507  
 City St. Louis Mo. (No. St. Anthony Hope) St. .... Ward)

**2. FULL NAME**

Alta A. Huddleston  
 (a) Residence, No. 3341 Missouri St., 24 Ward. ....  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 24 1903

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
<u>23</u>	<u>5</u>	<u>17</u>		

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work House Wife  
 (b) General nature of industry, business, or establishment in which employed (or employer).....  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN); (STATE OR COUNTRY) Ill.

10. NAME OF FATHER Thomas Lips

11. BIRTHPLACE OF FATHER (CITY OR TOWN); (STATE OR COUNTRY) Ill.

12. MAIDEN NAME OF MOTHER Mary L. Roberts

13. BIRTHPLACE OF MOTHER (CITY OR TOWN); (STATE OR COUNTRY) Ill.

14. INFORMANT Jesse W. Huddleston  
 (Address) 3341 Missouri Ave.

15. FEB 14 1927 May 6 Starloff  
 FILED 1927 REGISTERED

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 11 1927

17. I HEREBY CERTIFY That I attended deceased from Feb. 9, 1927, to Feb. 11, 1927 that I last saw him alive on Feb. 11, 1927, and that death occurred, on the date stated above, at 8:40 P.M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

1616 Obstruction of Bowels  
1716

CONTRIBUTORY (SECONDARY) Acute Appendicitis .....  
3 da.

18. WHERE WAS DISEASE CONTACTED (IF NOT AT PLACE OF DEATH).....

DID AN OPERATION PRECEDE DEATH? Yes DATE OF.....  
 WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Post Mortem Findings  
 (Signed) Julius Charkley, M. D.  
712, 1927 (Address) 2603 Cherokee

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL New St. Marcus Cem DATE OF BURIAL Feb. 14 1927

20. UNDERTAKER Ziegenhain Bros 2623 Cherokee  
 ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

