

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

Do not use this space.

23262

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1003  
 City St. Louis Mo. (No. 2913 \* Wyoming St. St. .... Ward)

File No. ....  
 Registered No. 6737

**2. FULL NAME**

Emily Huckle  
 (a) Residence. No. 2913 \* Wyoming 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**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 Charles Huckle

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 10-1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
61 | 2 | 14

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work. Housewife  
 (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) Missouri

10. NAME OF FATHER Martin J. Giovanoni

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

12. MAIDEN NAME OF MOTHER Christina Funsch

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

14. INFORMANT Mr. Charles Huckle  
 (Address) 2913 \* Wyoming St.

15. FILED 25 1929 Missouri REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 24 1929

17. I HEREBY CERTIFY, That I attended deceased from March 14th 1929, to June 24 1929  
 that I last saw h... alive on June 23rd 1929 and that death occurred, on the date stated above, at 9 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Chronic Parenchymatous Nephritis

13 1/2 9 00  
 (duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Oedema of lungs  
 (duration) ..... yrs. mos. 4 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? NO DATE OF.....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Lab.  
 (Signed) Prockter M. D.

6/24/29 (Address) 3147 S. Jefferson Av.

\*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 Calvary Cemetery DATE OF BURIAL June 27 1929

20. UNDERTAKER E. J. Schmur ADDRESS 3125 Lafayette Av.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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