

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

Do not use this space.

MAR 24 1934

1. PLACE OF DEATH

County *St. Louis*

Registration District No. *780*

Township

Primary Registration District No. *4466*

City *St. Louis*

(No. _____ St. _____ Ward)

File No. *6277*

Registered No. *17*

2. FULL NAME *Kerrigunda Huck*

(a) Residence, No. _____ St. _____ 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 <i>Female</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>widowed</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Henry Huck</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Feb 18 1851</i>		
7. AGE YEARS <i>83</i>	MONTHS <i>✓</i>	DAYS <i>2</i>
IF LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>at home</i>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
	10. Date deceased last worked at this occupation (month and year)
	11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Genevieve Mo Missouri*

13. NAME *George Huss*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Baden Germany*

15. MAIDEN NAME *Mary Liebert*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Baden Germany*

17. INFORMANT (ADDRESS) *W. G. Huck St. Genevieve Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *gulf bus* DATE *Feb 22 1934*

19. UNDERTAKER (ADDRESS) *Geo. E. Bacher St. Genevieve Mo*

20. FILED *Feb 21 1934 T.W. Douglas Registrar.*

(14) MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb 20 1934*

22. I HEREBY CERTIFY, That I attended deceased from *April 1923 to Feb 20 1934*

I last saw h. et. alive on *Feb 20 1934* Death is said to have occurred on the date stated above, at *8:45 P.*

The principal cause of death and related causes of importance were as follows:

Cardiac dilatation Date of onset *Feb 20 34*

875 950

Other contributory causes of importance
Chronic Sclerosis Cerebro Sclerosis Hypertension

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) *St. Genevieve Mo* M. D.

(Address) *St. Genevieve Mo*

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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