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.

MAY 25 19..

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

Do not use this space.

14235

File No. 3385

Registered No.

**1. PLACE OF DEATH**

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City ..... (No. 2610 Elliot Ave St. ..... Ward)

**2. FULL NAME** Joseph Huck

(a) Residence, No. 2610 Elliot Ave St., 20 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Male
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: Phillipine Huck

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 14, 1861

7. AGE: YEARS 72 | MONTHS 3 | DAYS 18 | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Meat Cutter
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): France

FATHER

13. NAME: Anthony Huck
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): France

MOTHER

15. MAIDEN NAME: Sofia Gerber
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): France

17. INFORMANT (ADDRESS): Phillipine Huck 2611 Elliot Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Calvary Cemetery DATE: Apr. 5, 1934

19. UNDERTAKER (ADDRESS): Goodhart & Goodhart 2228 St. Louis Ave

20. FILED: APR 1934, 19.. J. S. Bredeck, Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Apr 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1933, to Apr 2, 1934

I last saw him alive on Apr 2, 1934. Death is said to have occurred on the date stated above, at 1:30 p m.

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

| | Date of onset |
|---|---|
| Acute Cardiac dilation | 4/1/34 |
| 93C | |
| 95B | |

Other contributory causes of importance:

| | |
|---|---|
| Chronic Myocarditis | 11/1/33 |

Name of operation: none Date of X

What test confirmed diagnosis? usual fact Was there an autopsy? m

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

Accident, suicide, or homicide? no Date of injury X, 19..

Where did injury occur? none (Specify city or town, county, and State)

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

Manner of injury: none

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Dr William T Hirschi, M. D.

(Address) 3500 N Grand Blvd (HIRSCHI)