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.

JAN 10 1937

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

Do not use this space.

47041

1. PLACE OF DEATH

County ..... Registration District No. 791

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

City Saint Louis, Mo. (No. Isolation Hospital St. ..... Ward)

File No. 12868

Registered No. .....

2. FULL NAME Eleanor Huck

(a) Residence, No. 2008 Withnell St. St., 24 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 11, 1926

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	10	8	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nil

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School Girl

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) Saint Louis, Missouri

FATHER

13. NAME Edward Huck

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Englefield, Indiana

MOTHER

15. MAIDEN NAME Celis Lorda

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saint Louis, Missouri

17. INFORMANT (ADDRESS) MG. Barry 5600 Arsenal

18. BURIAL, CREMATION, OR REMOVAL PLACE S:S:Peter & Paul DATE Jan 1, 1937

19. UNDERTAKER (ADDRESS) Thos Kutis 2906 Gravois

20. FILED DEC 30 1936 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 29, 1936.

22. I HEREBY CERTIFY, That I attended deceased from Dec 28, 1936, to Dec 29, 1936

I last saw h..... alive on Dec 29, 1936. Death is said to have occurred on the date stated above, at 1:40 A.m.

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

	Date of onset
Multiple Infarcts of Lung	?
Otitis Media	Oct. 1, 1934
Septicemia	?

Other contributory causes of importance: 890

Name of operation none Date of .....

What test confirmed diagnosis? autopsy Was there an autopsy? yes

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) Henry J Ulrich, M. D.

(Address) 5600 Arsenal