

REC'D APR 1 1938

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

8771

Do not use this space.

2360

1. PLACE OF DEATH

(a) County 2 Registration District No. 1
 (b) Township 1 Primary Registration District No. 4926 A Southwest Ave. Registered No. 2360
 (c) City St. Louis (d) Street No. 4926 A Southwest Ave. St. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Agnes Huddleston 342
 (a) Residence, No. 4926 A Southwest Ave. St. 13
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 <u>Ferdinand Huddleston</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 1, 1914</u>		
7. AGE	YEARS	MONTHS
	<u>23</u>	<u>6</u>
		DAYS
		<u>7</u>
		IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Housewife</u>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo. 0</u>	
	13. NAME <u>Frank Schwaninger 6</u>	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo. 0</u>	
	15. MAIDEN NAME <u>Antoinette Truhler</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>		
17. INFORMANT <u>Ferdinand Huddleston</u> (ADDRESS) <u>4926A Southwest Ave.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Sunset</u> DATE <u>3-12</u> '38		
19. FUNERAL DIRECTOR <u>Kriegshauser Mortuaries</u> (ADDRESS) <u>4228 So. Kingshighway</u>		
20. FILED <u>MAR 9 1938</u> <u>J. F. Buddeck</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-8 1938

22. I HEREBY CERTIFY, That I attended deceased from August 10, 1916 to March 8, 1938.
 I last saw her alive on March 8, 1938. Death is said to have occurred on the date stated above, at 5:45 P.M.
 The principal cause of death and related causes of importance were as follows:
diabetes mellitus
chronic pleurisy (left)
 Date of onset 2 yrs.
 59
 14x

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? chemical Was there an autopsy? no

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? no
 If so, specify _____
 (Signed) Orville H. Paffhausen, M. D.
 (Address) 3448 Olivette

(Licensed Embalmer's Statement on Reverse Side)

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.

Dr. Oelicken
3100 Olive St.
48

9-11

Dr 1652

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.

No.....or by....., Registered Apprentice No.

working under my personal supervision.

Signed.....



Licensed Embalmer No.

3084

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)