REC'D JUN 9 1938

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

791
1003

16502
Do not use this space.

4363

1. PLACE OF DEATH
(a) County ..... Registration District No. .....
(b) Township ..... Primary Registration District No. ..... Registered No. .....
(c) City St. Louis (d) Street No. St. Marys Infer. 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 Elizabeth W. Huff.
(a) Residence, No. 106 North 16th. st. E. St. Louis St. NR E. St. Louis Illinois
(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: colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 19 1897

7. AGE: YEARS 40 MONTHS 5 DAYS 22 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. School Teacher
9. Industry or business in which work was done, as saw mill, bank, etc. Public School
10. Date deceased last worked at this occupation (month and year) May 7-1938
11. Total time (years) spent in this occupation 8yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Haynesville La.

FATHER
13. NAME Virgle White
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Haynesville La.

MOTHER
15. MAIDEN NAME Rhodie Walker
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Haynesville La.

17. INFORMANT (ADDRESS) Alexander Huff 106 N. 16th. E. St. Louis Ill.

18. BURIAL, CREMATION, OR REMOVAL
PLACE E. St. Louis Ill. DATE May, 12 1938

19. FUNERAL DIRECTOR (ADDRESS) C. T. Nash 111 North, 13th. st. E. St. Louis

20. FILED MAY 12 1938 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 11 1938

22. I HEREBY CERTIFY, That I attended deceased from May 9, 1938, to May 11, 1938
I last saw her alive on May 11, 1938. Death is said to have occurred on the date stated above, at 4.05 m. P
The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Peritonitis	5/8/38

Other contributory causes of importance:

Carcinoma of uterus	Nov Kowan

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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? No
If so, specify .....
(Signed) H. H. Feathers, M. D.
(Address) 1341 8199 Nye St. Louis, Ill.

(Licensed Embalmer's Statement on Reverse Side)

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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STATEMENT BY LICENSED EMBALMER

I, C. T. Nash, Licensed Embalmer No. 2432

hereby certify that the body recorded on the reverse side of this certificate was embalmed by not Embalmed

L. E.

No. or by me, Registered Apprentice No.

working under my personal supervision.

Signed C. T. Nash

Licensed Embalmer No. 2432

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.)