

REC'D JUN 9 1938

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

16633
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1008**
(c) City **St. Louis, Mo.** (d) Street No. **1408a Linton Ave.** Registered No. **4494**
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(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 **Phyllis Huecker** **260**

(a) Residence, No. **1408a Linton Ave.** St. **9** (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **female** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **single**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov. 27, 1932**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
5 5 18

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **None**
9. Industry or business in which work was done, as saw mill, bank, etc. **None**
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) **Almsted,** (STATE OR COUNTRY) **Illinois**

FATHER 13. NAME **Edward Huecker**
14. BIRTHPLACE (CITY OR TOWN) **Almsted,** (STATE OR COUNTRY) **Illinois**

MOTHER 15. MAIDEN NAME **Wilma Emmerson**
16. BIRTHPLACE (CITY OR TOWN) **Caruthersville** (STATE OR COUNTRY) **Missouri**

17. INFORMANT **Edward Huecker** (ADDRESS) **1408a Linton Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **New Bethlehem Cem. May 17 38**

19. FUNERAL DIRECTOR **Reiderwieden Funeral Home** (ADDRESS) **1936 St. Louis Ave.**

20. FILED **MAY 17 1938** **J. B. Brebeck** (Signature)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 15, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **May 14**, 19**38** to **May 15**, 19**38**
I last saw her alive on **May 15, 1938** Death is said to have occurred on the date stated above, at **3 a.** m.

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

Paternal femoral thrombosis
Cholelithiasis
Cholelithiasis
Date of onset

Other contributory causes of importance

Cholelithiasis

Name of operation Date of
What test confirmed diagnosis? **duplex** 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) **H. E. Morrison**, M. D.
(Address) **1005 W. Belmont**

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.

STATEMENT BY LICENSED EMBALMER

I, Gene Katz, Licensed Embalmer No. 3737
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E.
No. or by Registered Apprentice No.
working under my personal supervision.

Signed Gene Katz
Licensed Embalmer No. 3737

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.)