

1120 212

DEC'D OCT 12 1938

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

30350
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Mo Registration District No. 791
(b) Township 008 Primary Registration District No. 7787
(c) City St. Louis Mo (d) Street No. 6716 Michigan Av St. Mo
(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

Baby Huddleston
(a) Residence, No. 6716 MICHIGAN AV. St. 1
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-1-38

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

22. I HEREBY CERTIFY, That I attended deceased from 9-1-38, to 9-1-38.
I last saw her alive on 9-1-38 19 38 Death is said to have occurred on the date stated above, at 9 P.M.
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPT. 1-1938
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

Date of onset

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.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

Still Born

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST LOUIS MO.

Other contributory causes of importance:
Incomplete formation of head with tumor protruding.

FATHER 13. NAME WILBUR HUDDLESTON

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ILL.

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

MOTHER 15. MAIDEN NAME THEODOCIA PUGSLEY

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ILL.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19 38
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS) WILBUR HUDDLESTON
6716 MICHIGAN AV.

18. BURIAL, CREMATION, OR REMOVAL PLACE ST TRINITY CEM DATE SEPT 20 19 38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) JOS. P. FENDLER, JR.
7128 MICHIGAN AV.

Manner of injury
Nature of injury

20. FILED SEP - 2 1938 J. F. Brebeck Local Registrar

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J. F. Brebeck M. D.
(Address) 6632 Mich. St. Louis

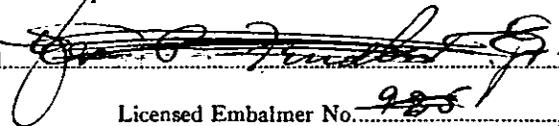
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

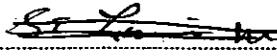
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....


Licensed Embalmer No. 925

P. O. Address.....


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.)

If this body is not embalmed, above space should be left blank.