

REC'D FEB 10 1939

 MISSOURI STATE BOARD OF HEALTH  
 BUREAU OF VITAL STATISTICS 791  
 CERTIFICATE OF DEATH 1003

847

Do not use this space.

## 1. PLACE OF DEATH

(a) County St. Louis Registration District No. 1  
 (b) Township Central Hospital Primary Registration District No. 847  
 (c) City St. Louis (d) Street No. Central Hospital Registered No. 847  
 (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. 2 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

Emma C. Huston  
 (a) Residence, No. 9454 West Main St Bellville St. VA BELLEVILLE, ILLIS  
 (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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Harry Huston</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 24 - 1882</u>		
7. AGE YEARS <u>56</u>	MONTHS <u>3</u>	DAYS <u>3</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Housewife</u>		
9. Industry or business in which work was done, as saw mill, bank, etc. <u>Own home</u>		
10. Date deceased last worked at this occupation (month and year) <u>Nov 1938</u>		11. Total time (years) spent in this occupation <u>25 yrs</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Casey Ill.</u>		
FATHER	13. NAME <u>Chas Weddeman</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Mary Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT (ADDRESS) <u>Mrs Tom Kerins</u> <u>9454 West Main St Belleville</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Est. Louis</u> DATE <u>Jan 27 1939</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Harry Robins</u> <u>417 N 8th St Est. Louis Ill.</u>		
20. FILED <u>JAN 27 1939</u> <u>J. F. Brudick</u> Local Registrar		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JAN. 27<sup>TH</sup> 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 7<sup>th</sup> 1938 to Jan. 27<sup>th</sup> 1939  
 I last saw h. E. R. alive on Jan 26 1939. Death is said to have occurred on the date stated above, at 7:15 AM.  
 The principal cause of death and related causes of importance were as follows:

CARCINOMA OF THE RIGHT LUNG WITH METASTASIS

Other contributory causes of importance:  
CARDIAC ENLARGEMENT

Name of operation NONE Date of         
 What test confirmed diagnosis? X-RAY 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? 1  
 If so, specify D. James C. Custer, M. D.  
 (Signed) H336 LINDELL BLVD.  
 (Address)

Date of onset

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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 me  
Ben. H. Baldwin, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Ben. H. Baldwin  
Licensed Embalmer No. 2420  
P. O. Address St. Louis Ill.

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.