

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1024 S. Kingshighway **2**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community _____
(Specify whether years, months or days)

3. (a) PRINT FULL NAME John Huckstep **231**

3. (b) If veteran, name war None 3. (c) Social Security No. 794-07-8081

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Hetti Huckstep 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased February 8, 1886
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>54</u>	<u>6</u>	<u>12</u>	hr. _____ min. _____

9. Birthplace Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Motorman

11. Industry or business Public Service Co.

12. Name John T. Huckstep

13. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Elmina Young

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Novella Huckstep

(b) Address 1024 S. Kingshighway

17. (a) Burial (b) Date thereof 8/22/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cape Girardeau, MO.

18. (a) Signature of funeral director Edith E. Amoruster

(b) Address 4234 Manchester

19. AUG 21 1940 (b) [Signature]
(Date received local Registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis, Mo. **18**
(If outside city or town limits, write "RURAL")

(d) Street No. 1024 S. Kingshighway
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 20 year 1940 hour 3.00 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from August 8, 1940 to Aug. 20, 1940; that I last saw him alive on Aug. 19, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Mixed oedema, and chronic myocarditis, Duration _____
To my knowledge, Aug. 8, 1940

Due to _____
Due to _____

Other conditions Chronic interstitial nephritis, to my knowledge 8/8/40
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address 320 Metropolitan Bldg. Date signed 8/21/40

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.....

P. O. Address.....

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

If this body is not embalmed, fact should be so stated above.