

JAN 8 1941 784
Registration District No. _____

Primary Registration District No. 200

Registrar's No. 2367

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Wellston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6471 Whitney Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community Life
years, months or days) 2

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Wellston
(If outside city or town limits, write "RURAL")
(d) Street No. 6471 Whitney Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Matthew W. Huggins.

3. (b) If veteran, name war None 3. (c) Social Security No. None

20. DATE OF DEATH: Month December day 13
year 1940 hour 9 minute PM

21. I hereby certify that I attended the deceased from November 7 1940, to December 13, 1940
that I last saw him alive on November 17, 1940
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Katherine Huggins 6. (c) Age of husband or wife if alive 81 years
7. Birth date of deceased June 4 1854
(Month) (Day) (Year)

Immediate cause of death Coronary Thrombosis
Duration Unknown

8. AGE: Years Months Days If less than one day
86 6 9 hr. _____ min.

Due to Coronary Thrombosis Unknown

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

Due to _____

10. Usual occupation Retired Carpenter

Other conditions (Include pregnancy within 3 months of death) 94

11. Industry or business _____

PHYSICIAN _____

12. Name Thomas Huggins

Major findings: Of operations _____

13. Birthplace Dont Know Kentucky
(City, town, or county) (State or foreign country)

Of autopsy _____

14. Maiden name Sarah Wallace

15. Birthplace Dont Know Ireland
(City, town, or county) (State or foreign country)

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Katherine Huggins

(b) Address 6471 Whitney Ave.

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

17. (a) Burial (b) Date thereof Dec 16 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

(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? _____

18. (a) Signature of funeral director Geo. L. Pleitsch Inc.

(b) Address 5966 Easton Ave

While at work? _____ (Specify type of place) (e) Means of injury 3

19. (a) DEC 14 1940 (b) R. Meyer
(Date received local registrar) (Registrar's signature)

23. Signature Dr. H. A. Poe (M.-D. or other) MD
Address 1506 Hochbaum Date signed Dec 17 1940

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

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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 3454

David C. Gibson

Registered Apprentice No.

working under my personal supervision.

Signed

David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 5916 Easton St. Louis

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.