

No. 2  
1-4-41  
17-39  
X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED AUG 8 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 26098

Registration District No. 784

Primary Registration District No. 101

Registrar's No. 1407

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Clayton  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
St. Louis County Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 hrs. 5 min.  
(Specify whether years, months or days)

In this community 14 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town Wellston  
(If outside city or town limits, write "RURAL")

(d) Street No. 6457 Wells Ave.  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Huckstep, Constance LaVern

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex female 5. Color or race white

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased June 7 1941  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>0</u>	<u>0</u>	<u>0</u>	<u>3</u> hr. <u>5</u> min.

9. Birthplace Clayton 0 Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation nil.

11. Industry or business \_\_\_\_\_

12. Name Jason Huckstep

13. Birthplace St. Louis 0 Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Alice Grey

15. Birthplace St. Louis 0 Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant St. Louis County Hospital

(b) Address Clayton, Mo.

17. (a) cremation (b) Date thereof 7-3-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis crematory

18. (a) Signature of funeral director St. Louis Co. Hosp.

(b) Address Clayton Mo.

19. (a) JUL 7 1941 (b) [Signature]  
(Date received local registration) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7  
year 1941 hour 5 minute 00 A. M.

21. I hereby certify that I attended the deceased from 6-7-41  
\_\_\_\_\_ 19\_\_\_\_, to 6-7-41 19\_\_\_\_;  
that I last saw h. er alive on 6-7-41 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory Failure Duration 4 hrs.

Due to Hydrocephalus ?

Due to \_\_\_\_\_

Other conditions 1578  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy Internal Hydrocephalus

Underline the cause to which death could 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)

Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) 0

Address St. Louis Co. Hosp. Date signed 6/9/41

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

MOTHER FATHER

*Handwritten notes:*  
The operation of the  
embalmer's office

**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.....  
*John W. Smith*....., 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 with the above constitutes grounds for revocation of license.)**

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