

No. 2
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-17-39
X2839D

43077

JAN 9 1942

State File No.

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 2679

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..... (Specify whether
years, months or days)

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) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME WILLIAM M. HUGGINS.

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

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

6. (b) Name of husband or wife Olga Huggins. 6. (c) Age of husband or wife if alive ? years

7. Birth date of deceased August 6, 1881.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 4 19 hr. min.

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

10. Usual occupation Unemployed.

11. Industry or business Bricklayer.

12. Name Matthews Huggins.

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

14. Maiden name Katherine O'Conner.

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

16. (a) Informant Mrs. Katherine Huggins.

(b) Address 6471 Whitney Ave.

17. (a) Burial (b) Date thereof 12-27-1941.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery.

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

(b) Address 5966-68 Easton Ave.

19. (a) DEC 26 1941 (b) C. H. McPherson M.D.
(Date received local health officer) (Registrar's signature)

707 (Licensed Embalmers' Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 25th.
year 1941 hour 7 minutes 45 A.M.

21. I hereby certify that I attended the deceased from April 10
1941 to Dec 25 1941;
that I last saw him alive on Dec 23 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis. Duration

Due to Arteriosclerosis

Due to 940

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN
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 Dr. J. A. Pal (M-D: another)

Address 1506 Hackman Date signed 2/24/42

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

0096

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 5966 Easton St. S.W.

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.