

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 16 1943
Primary Registration District No. 3008

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 160

1. PLACE OF DEATH:
(a) County Callaway
(b) City or town Fulton
(c) Name of hospital or institution: State Hospital No 1 2
(d) Length of stay: In hospital or institution 2 yrs 5m 29d
In this community 2 yrs 5m 29d (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St Louis
(c) City or town St. Kinlock Park
(d) Street No. 42 Mc Henry St
(e) Citizen of foreign country? (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Delia Huggins
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 28 year 1943 hour 12-30 minute P. M.

4. Sex Female 5. Color or race Black
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife James Huggins 6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased 8/28/1864 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 5/20/43 to 5/28/1943 that I last saw her alive on 5/28/1943 and that death occurred on the date and hour stated above.

8. AGE: Years 79 Months _____ Days _____ If less than one day hr. _____ min. _____

Immediate cause of death Acute Myocarditis
Due to Arteriosclerosis
Duration 4 days

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

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations 9321
Of autopsy _____

10. Usual occupation Housewife

11. Industry or business _____

12. Name SK

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

14. Maiden name SK 9

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

16. (a) Informant Record

(b) Address _____

17. (a) Removal (b) Date thereof May 29-43 (Month) (Day) (Year)
(c) Place: burial or cremation St Louis

18. (a) Signature of funeral director Boyd Bras-Turner
(b) Address 214 S. 1st St. St. Louis, Mo
(c) Date registered local registrar May 28-43 (Date registered local registrar) (Registrar's signature) Joie Mossinhoff

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 George F. Deers (M. D. or other) MD
Address Fulton Mo Date signed 5/28/43

14
1
2
143-
2 copies
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 8 1961

8 1961

L. W. W. P.

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.....

Ronald V. Atkins

Licensed Embalmer No. *2842*

P. O. Address. *3644 Finney*

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.