S. No. 2
M—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 23 1943

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39973

State File No. _____

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11943

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution: 4134 W. Florissant Ave. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 60 Years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17

(c) City or town St. Louis 9 10
(If outside city or town limits, write "RURAL")

(d) Street No. 4134 W. Lee Ave.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME John Edward Higgins

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Elizabeth Higgins

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

7. Birth date of deceased Dec. 13. 1879 (Month) (Day) (Year)

8. AGE: Years 63 ~~84~~ Months 11 Days 28 If less than one day _____ hr. _____ min.

9. Birthplace Florissant, Missouri 0 (City, town, or county) (State or foreign country)

10. Usual occupation Retired Track Foreman

11. Industry or business Public Service Co.

FATHER
12. Name Edward Higgins,
13. Birthplace Missouri 0 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Martha Simone
15. Birthplace Missouri 0 (City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth Higgins
(b) Address 4134 W. Lee Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/15/43 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director M. Ward
(b) Address 2117 E. Grand Blvd.

19. (a) DEC 14 1943 (Date received local registrar) J. J. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 11 year 1943 hour 5 minute 45 P.M.

21. I hereby certify that I attended the deceased from June 6, 1936, to Dec. 11, 1943; that I last saw him alive on Dec. 11, 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis	sudden
Due to: Diabetes Mellitus	7 years
Due to:	
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.

60

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? _____ (Specify type of place)
While at work? _____ (e) Means of injury 0

23. Signature Fred H. Young (M. D. or other)
Address 2249 St. Louis ave Date signed 12/1/43

(Licensed Embalmer's Statement on Reverse Side)

Dr Krug,
2249 Ash Lawns
6-7

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 Frank A. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E. Third

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.