

FILED APR 19, 1944

State File No. _____

Registration District No. 31

Primary Registration District No. 6076

Registrar's No. 891

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Velda Village
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6902 Leedale Drive
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Velda Village
(If outside city or town limits, write "RURAL")
(d) Street No. 6902 Leedale Drive
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Joseph T. Huck.

3. (b) If veteran, name war None 3. (c) Social Security No. 489-01-1515

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

6. (b) Name of husband or wife Irma Huck. 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased December 8, 1891.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
52 4 4 _____ hr. _____ min.

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

10. Usual occupation Linotype Operator

11. Industry or business _____

12. Name David T. Huck.

13. Birthplace Unknown Germany.
(City, town, or county) (State or foreign country)

14. Maiden name Amelia J. Reinhardt.

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

16. (a) Informant Mrs. Irma Huck.

(b) Address 6902 Leedale Drive.

17. (a) Burial (b) Date thereof 4-14-1944.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Lebanon Cemetery.

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

(b) Address 5966-68 Easton Avenue.

19. (a) APR 15 1944 (b) E. G. McKeehan, M.D.
(Date received local register) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12th.
year 1944 hour 2 minute P.M. M.

21. I hereby certify that I attended the deceased from February 1, 1944, to April 12, 1944.
that I last saw him alive on April 12th 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Occlusion
Stenial Nephritis Chronic
Tales Arterial

Due to _____

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.

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 J. J. Meredith (M. D. or other) M.D.
Address 1009 N. Kingshighway Date signed 4-18-44

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

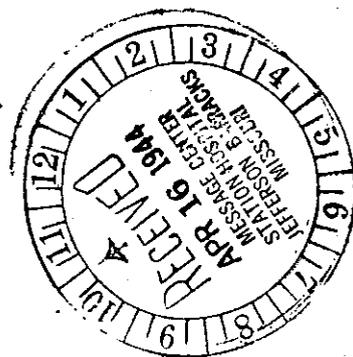
MOTHER FATHER

582

9/44

Dr. J.J. Meredith.
1259 N. Kingshighway.
Hours 1 to 3 P.M.
Telephone Forest 0047

APR 24 1944



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 Ben Hoffman
Licensed Embalmer No. 4366
P. O. Address St. Louis, Mo

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.