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

#41280

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11302

FILED MAY 3 1945

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3767

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital #1.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4553 Oakland Ave
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Anna Huddock

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 Married

6. (b) Name of husband or wife Andrew

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased July (Month) 26 (Day) 1867 (Year)

8. AGE: Years 67 Months 8 Days 29 If less than one day hr. min.

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

10. Usual occupation Housework

11. Industry or business at Home

MOTHER FATHER

12. Name Charles Gregorrich

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

14. Maiden name Mary Unknown

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

16. (a) Informant Michael F Cronin
(b) Address 4553 Oakland Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 (Month) 28 (Day) 45 (Year)
(c) Place: burial or cremation New St. Peter Paul

18. (a) Signature of funeral director KRIEGSHAUSER
(b) Address 4228 So. Kingshighway

19. (a) APR 26 1945 (Date received local registrar) (b) J. F. Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25th year 1945 hour 12:50 minute A M.

21. I hereby certify that I attended the deceased from 4/21/45, 19..., to 4/25/45, 19..., that I last saw her alive on 4-25-, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerotic Heart Disease — Duration

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

23. Signature Herbert C. Fritz (M. D. or other)
Address 1515 Lafayette Date signed 4/25/45

(Licensed Embalmer's Statement on Reverse Side)

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 Edwin D McDermott

Licensed Embalmer No. 3024

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.