S. No. 2
0M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 21 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15675

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4067

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: 6411 Potomac st.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 6411 Potomac
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Harriette Updike

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife Thomas J Updike

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

7. Birth date of deceased 3 (Month) 14 (Day) 1851 (Year)

8. AGE: Years 94 Months 1 Days 23 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business Own home

FATHER
12. Name Philo Reed
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Irene Rudolph
(b) Address 6411 Potomac, St. Louis, Mo.,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-10-1945 (Month) (Day) (Year)
(c) Place: burial or cremation Nat'l Cem. J.B.MO.,

18. (a) Signature of funeral director C Hoffmeister Colonial Mortuary
(b) Address 6464 Chippewa, St. Louis, Mo.,

19. (a) MAY 8 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 7 year 1945 hour minute 3:00 A M.

21. I hereby certify that I attended the deceased from Mar. 10, 1945 to May 7, 1945 that I last saw her alive on May 5, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Cardiac Decompensation	2 Wks,
Due to Chronic Myocarditis	10 yrs
Due to	
Other conditions Arteriosclerosis (Include pregnancy within 3 months of death) General	

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 H. F. Overland (M. D. or other) MD
Address 5930 Southwest Ave Date signed 5-8-45

(Licensed Embalmer's Statement on Reverse Side)

Dr. H F Cleveland
% 5930 Southwest
HI-6750
8 to 10 in mornings
7 to 8 in the evenings

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 L. C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.