S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 15 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 38505

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 2802

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Wellston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 6471 Whitney
(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 96
(c) City or town Wellston 10
(If outside city or town limits, write "RURAL")
(d) Street No. 6471 Whitney 0
(If rural, give location) 0
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Katherine Huggins

3. (b) If veteran, name war ..... 3. (c) Social Security No. .....

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

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

7. Birth date of deceased July 12, 1859 (Month) (Day) (Year)

8. AGE: Years 86 Months 4 Days 27 If less than one day ..... hr. ..... min.

9. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Nil

11. Industry or business .....

FATHER
12. Name William O' Connor
13. Birthplace ..... (City, town, or county) Unknown 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace ..... (City, town, or county) Ireland 4 (State or foreign country)

16. (a) Informant Ella Tesson
(b) Address 6471 Whitney

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/12/45 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Edith E. Ambruster
(b) Address 4234 Manchester

19. (a) 12-12-45 (Date received local registrar) (b) E B McGarran MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 9 year 1945 hour 10.50 P. M. minute ..... M.

21. I hereby certify that I attended the deceased from Dec 2, 1945, to Dec 9, 1945; that I last saw h..... alive on ....., 19..; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Lobar ~~Pulmonary~~ Pneumonia	7 days
Due to	
Due to 908	
Other conditions Chronic Myocarditis (Include pregnancy within 3 months of death)	
Mitral Stenosis	

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 R. R. Larson (M. D. or other) DD
Address 3718 Jennings Rd. Date signed 12-10-45

(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 Henry Eymer

Licensed Embalmer No. 1284

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.