

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **7572**  
Registrar's No. **1356**

**FILED FEB 28 1946**

Primary Registration District No. **1003**

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

**1. PLACE OF DEATH:**  
(a) County ST. LOUIS  
(b) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution 2713<sup>e</sup> Sheridan  
(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)

**3. (a) PRINT FULL NAME** LAURA HUDDLESTON  
**3. (b) If veteran,** name war \_\_\_\_\_ **3. (c) Social Security** No. 6

**4. Sex** FEMALE **5. Color or** race COL.  
**6. (a) Single, widowed, married,** divorced MARRIED  
**6. (b) Name of husband or wife** Lee Huddleston **6. (c) Age of husband or wife if** alive 64 years  
**7. Birth date of deceased.** 12 15 1890  
(Month) (Day) (Year)

**8. AGE:** Years 55 Months 1 Days 22 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

**9. Birthplace** AITON (City, town, or county) Ill. (State or foreign country)  
**10. Usual occupation** DOMESTIC

MOTHER FATHER

**11. Industry or business** \_\_\_\_\_  
**12. Name** John MORGAN  
**13. Birthplace** AITON (City, town, or county) Ill. (State or foreign country)  
**14. Maiden name** A.W.  
**15. Birthplace** MO. I (City, town, or county) (State or foreign country)

**16. (a) Informant** Lee Huddleston  
**(b) Address** 2713<sup>e</sup> Sheridan  
**17. (a)** \_\_\_\_\_ **(b) Date thereof** 2 11 46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
**(c) Place: burial or cremation** Greenwood Bur

**18. (a) Signature of funeral director** A. F. Walton  
**(b) Address** 2707 S. Kodak  
**19. (a) FEB 9 1946** **(b)** J. Z. Bredek  
(Date received local registrar) (Registrar's signature)

**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. 2713<sup>e</sup> SHERIDAN AVE (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month 2 day 6 year 46 hour \_\_\_\_\_ minute 5:00 P. M.  
**21. I hereby certify that I attended the deceased from** \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_  
**Coronary Sclerosis;**  
**Arteriosclerosis;**

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

**PHYSICIAN**  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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** Arthur E. Duff (M. D. or other) 3  
Address Reg. 16 Date signed 2/18/46

**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 *Arthur L. Hilliard*

Licensed Embalmer No. *4221*

P. O. Address *1154 Bayard Ave*

**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.**