

S. No. 2
OM-5-43
Rev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31860
State File No. 8199
Registrar's No.

FILED SEP 30 1946
Registration District No. 318

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
(c) Name of hospital or institution: 1817 a Park Ave.
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(d) Street No. 1817 a Park Ave.
(e) Citizen of foreign country? _____
If yes, name country _____

3. (a) PRINT FULL NAME David P. Huddleston
3. (b) If veteran, name war No
3. (c) Social Security No. No

4. Sex Male 5. Color of race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Celeste Huddleston
6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased Dec 19 1854
(Month) (Day) (Year)

8. AGE: Years 91 Months 9 Days 4
If less than one day _____ hr. _____ min.

9. Birthplace Washington County Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer

11. Industry or business _____
12. Name Pinkney Huddleston
13. Birthplace Unknown Missouri
14. Maiden name Chloa Campbell
15. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Celeste Huddleston
(b) Address 1817 a Park Ave.
17. (a) Burial (b) Date thereof 9-24-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Ironton Mo.

18. (a) Signature of funeral director Albert H. Hoppe Inc
(b) Address 4700 Washington Blvd.
19. (a) SEP 23 1946 (b) J. F. Brennan
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 23 day sep
year 1946 hour 1:10 minute A.M.
21. I hereby certify that I attended the deceased from 18 Mar 1946 to 23 sep 1946
that I last saw him alive on 22 sep 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Myocarditis
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations _____
Of autopsy _____
Duration 12 Mos.
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 Frank Cleary (M. D. overruler)
Address 1935 Park Date signed 23 sep 46

(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..... *Elmo R. Calwell*
Licensed Embalmer No..... *4077*
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.