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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 23 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10784

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Sanitarium (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6yrs.4mos.23ds. (Specify whether In this community 30 yrs. 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. 5400 Arsenal St. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME LUCILLE HUFF

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex female

5. Color or race Col

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

6. (b) Name of husband or wife

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

7. Birth date of deceased May (Month) 26 (Day) 1903 (Year)

8. AGE: Years 43 Months 6 Days 15 If less than one day hr. min.

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

10. Usual occupation Housemaid

11. Industry or business

FATHER
12. Name Moses Hayes
13. Birthplace not given (City, town, or county) Tenn. (State or foreign country)

MOTHER
14. Maiden name Leona Moore
15. Birthplace not given (City, town, or county) Tenn. (State or foreign country)

16. (a) Informant Thelma A. Singler

(b) Address 5400 Arsenal St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-23-18-46 (Month) (Day) (Year)

(c) Place: burial or cremation Washington P. Cemetery

18. (a) Signature of funeral director G. M. Green

(b) Address 3517 Saclede Ave

19. (a) DEC 17 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 11 year 1946 hour 3.00 minute A M.

21. I hereby certify that I attended the deceased from March 1st, 1946, to Dec. 11, 1946, that I last saw her alive on Ma Dec. 11, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Tuberculosis-bilateral	1940x
Due to Empyema, tuberculous, right	3 mos.
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 Jack R. Eidelman (M. D. or other)

Address 5400 Arsenal St. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

Licensed Embalmer No. 1173 ~~4428~~

P. O. Address St. Louis, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.