

FILED APR 23

Registration District No. _____

Primary Registration District No.

Registrar's No.

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: **Barnes Hospital**
(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. (c) PRINT
FULL NAME

Julia S. Huekey

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife William W. Huskey
6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased March 21 1891
(Month) (Day) (Year)

- | 8. AGE: | Years | Months | Days | If less than one day |
|---------|-------|--------|------|----------------------|
| ✓ | 56 | 0 | 13 | hr. _____ min. _____ |

9. Birthplace Bliss Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation..... **Housewife**

- ### 11. Industry or business

12. Name B. Marcelle

13. Birthplace..... Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Mandie McClue

15. Birthplace _____ **Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant William W. Huskey

- (b) Address De Soto, Mo.

17. (a) Burial (b) Date thereof 4-6-47
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation..... **Richwood, Mo.**

18. (a) Signature of funeral director: Albert H. Honpe
(b) Address: 4700 Washington Blvd.

19. (a) APR 4 1934 (Date received local authority) (b) J. F. Bredeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Jefferson 50
(c) City or town Be Soto 0
(If outside city or town limits, write "RURAL")
(d) Street No. R.R. #1 NR, 0
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No) 1
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4
year 1947 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from _____
 _____, 19____, to _____, 19____
 that I last saw him _____ alive on _____, 19____.

and that death occurred on the date and hour stated above.	
Immediate cause of death	Duration
Of 80% of body sufficed when deceased clothing became	
Disrupted when the oxygen	
decreased in time at the home	
Date the body was in death	71%
1947	

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) homicide
- (b) Date of occurrence March 31, 1947
- (c) Where did injury occur? _____
(City or town) (County) (State)
- (d) Did injury occur in or about home, or in industrial place, in public place? _____

While at work? (Specify type of place) ~~at~~ Means of injury

23. Signature Patrick L. Pagano (M.D. or other) /
Address Dr. Coroner Date signed 4/4/

(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

W. W. Wilkins

Licensed Embalmer No. *3575*

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.