

FILED JUL 7 1947  
Registration District No. **318**

Primary Registration District No. **1003**

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: **Mo Baptist Hospital**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... **68 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Mrs. Anna Huck**

3. (b) If veteran, name war..... **none**

3. (c) Social Security No. **none**

4. Sex..... **female** 5. Color..... **white**

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

6. (b) Name of husband or wife..... **late Pete Huck**

6. (c) Age of husband or wife if alive..... **28** years

7. Birth date of deceased..... **April 27th, 1879**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<b>68</b>		<b>2</b>	<b>1</b>	
				hr. min.

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

10. Usual occupation..... **Housework**

11. Industry or business.....

12. Name..... **Anthony Trautman**

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

14. Maiden name..... **unknown**

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

16. (a) Informant..... **Wilfred Huck**

(b) Address..... **7452 Chandler - Jennings Mo.**

17. (a) **Burial** (b) Date thereof..... **7-1-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Calvary Cemetery**

18. (a) Signature of funeral director..... **Hy. Leidner U. Co.**

(b) Address..... **2223 St. Louis Ave.**

19. (a) (Date received)..... **July 20 1947** (b) **J. F. Bralcer** (Licentiate's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County..... **000**

(c) City or town..... **St. Louis**  
(If outside city or town limits, write "RURAL")

(d) Street No. **26** **2819 N. 14th. St.**  
(If rural, give location)

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

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **June** day..... **28th.**

year..... **1947** hour..... **9:50 AM** minute..... M.

21. I hereby certify that I attended the deceased from..... **June 28** 1947 to..... **June 28** 1947

that I last saw her..... alive on..... **June 28** 1947

and that death occurred on the date and hour stated above.

Immediate cause of death.....

**Chronic Myocarditis** 1 yr

Due to.....

**Chronic Hypertension** 1 yr

Due to.....

Other conditions..... **Cerebral Hemorrhage** 12 days

(include pregnancy within 3 months of death)

Major findings: **9.3**

Of operations.....

Of autopsy.....

PHYSICIAN

Underline the cause of 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..... **P. S. Newell** (M. D. number).....

Address..... **1407 Taylor** Date signed..... **6/20/47**

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

MOTHER FATHER

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

*John P. Buchholz*

Licensed Embalmer No. 1674

P. O. Address 2273 St. Louis 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.