No. 2
--1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 26 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25665

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 6724

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: Homer G Phillips
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 days (Specify whether years, months or days)
In this community 26 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: ooo
(c) City or town: St Louis
(If outside city or town limits, write "RURAL")
(d) Street No.: 2111 Papin
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Wyatt Huddleston
3. (b) If veteran, name war: ------
3. (c) Social Security No.:
4. Sex: Male
5. Color or race: Col.
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Mary Huddleston
6. (c) Age of husband or wife if alive: 55 years
7. Birth date of deceased: March (Month) 16 (Day) 1885 (Year)
8. AGE: Years 62 | Months 3 | Days 27 | If less than one day: hr. min.
9. Birthplace: West Point (City, town, or county) Miss. (State or foreign country)
10. Usual occupation: Laborer
11. Industry or business:
FATHER 12. Name: Unknown
13. Birthplace: Unknown (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) (State or foreign country)
16. (a) Informant: Mary Huddleston
(b) Address: 2111 Papin St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7/18/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Greenwood Cem'ty
18. (a) Signature of funeral director: Ellis Funeral Home
(b) Address: 2820 Stoddard St.
19. (a) JUL 17 1947 (Date received local registrar) J. B. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13 year 1947 hour 4 minute 25 MP
21. I hereby certify that I attended the deceased from June 25, 1947 to July 13, 1947; that I last saw him alive on July 13, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of Prostate with Metastases	Unk
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: 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: E B Williams (M. D.)
Address: 2601 N Whittier St Date signed: 7-14-47

Jefferson City Printing Co. (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.....Fulton E. Culkin.....

Licensed Embalmer No.....498.....

P. O. Address.....St Louis 13 Mo

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.