

FILED AUG 21 1947

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **570**

**1. PLACE OF DEATH:**  
(a) County.....  
(b) City or town **St. Louis, Mo.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Masonic Home of Missouri**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **14 1/2 years**  
(Specify whether  
In this community  
years, months or days)

3. (a) PRINT FULL NAME **Evelyn Huckins**  
3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex **Female** / 5. Color or race **white**  
6. (a) Single, widowed, married, divorced **widowed**  
6. (b) Name of husband or wife **James H.** 6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased **March 21, 1860**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**87 4 18**  
hr. min.

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

10. Usual occupation **Retired**

11. Industry or business.....

MOTHER FATHER { 12. Name **Mason Baker**  
13. Birthplace **Maine**  
(City, town, or county) (State or foreign country)

{ 14. Maiden name **Lorraine Andrews**  
15. Birthplace **Maine**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Clara Rothe**  
(b) Address **5351 Delmar Blvd.**

17. (a) **Burial** (b) Date thereof **8-11-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **St. Peters Cemetery**

18. (a) Signature of funeral director **Math Hermann & Son, Inc.**  
**2161 East Fair Ave.**  
(b) Address

19. (a) **AUG 11 1947** (Date received local registrar) **J. J. Brudeck** (Registrar's signature)

**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. **5351 Delmar Blvd.**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country.....

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **August** day **ninth**  
year **1947** hour **two** minute **10** A. M.

21. I hereby certify that I attended the deceased from **March 12,** 19**33** to **August 9,** 19**47**;  
that I last saw her alive on **August 9,** 19**47**;  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
**Acute Myocarditis from Chr. Myocarditis**  
Due to **Semility** **2 years**

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) I  
While at work (e) Means of injury.....  
23. Signature **J. J. Brudeck** (of D. or other) **8/19/47**  
Address **508 1/2 Grand Blvd.** Date signed

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

2  
45  
39  
47070

STATEMENT BY <sup>L</sup>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.

*Gustav W. Dietrich*  
Licensed Embalmer No. *4329*  
P. O. Address *St. Louis, 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