S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 7 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35870

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9942

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: Jewish 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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St Louis 96
(c) City or town Velda Village
(If outside city or town limits, write "RURAL")
(d) Street No. 6902 Leedale
(If rural, give location)
(e) Citizen of foreign country? N.R. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Irma M. Huck
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 widow 2
6. (b) Name of husband or wife Joseph Huck
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 4 (Month) 25 (Day) 1895 (Year)

8. AGE: Years	Months	Days	If less than one day
52	6	1	hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation at home
11. Industry or business none
FATHER
12. Name not known
13. Birthplace not known (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name not known
15. Birthplace not known (City, town, or county) (State or foreign country)
16. (a) Informant Norman Huck
(b) Address 6902 Leedale
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10 (Month) 29 (Day) 47 (Year)
(c) Place: burial or cremation Mt. Lebanon Cemetery
18. (a) Signature of funeral director A. Kron L & U. Co
(b) Address 2707 N. Grand Blv'd
19. (a) OCT 28 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 26 year 1947 hour 11 minute a M.
21. I hereby certify that I attended the deceased from 10-10-, 1947, to 10-26-, 1947 that I last saw her alive on 10-26-, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Aortic Stenosis Rheumatic Heart disease Acute nephritis
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations Pleural effusion left Aortic Mitral Stenosis
Of autopsy Enlarged liver - Granular

Duration

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 Tolon P. Harris (M. D. or other)
Address 6826 Natural Bridge Date signed 10/27/47

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 Stanley H. Dixon

Licensed Embalmer No. #196

P. O. Address St. Louis

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.