No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 13 1948

Registration District No. 3287

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 3509

Registrar's No. 68

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Veterans Administration Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 Days (Specify whether
In this community 7 Days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0-10

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 8115 Pennsylvania Ave. 9
(If rural, give location)

(e) Citizen of foreign country? - (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME HUCKSHOLD, Fred

3. (b) If veteran, name war WW-1

3. (c) Social Security No. Unknown

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife -

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

7. Birth date of deceased January (Month) 30 (Day) 1891 (Year)

8. AGE: Years 56 Months 11 Days 8 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation None

11. Industry or business

FATHER
12. Name Unk 7
13. Birthplace " (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name Unk 7
15. Birthplace " (City, town, or county) (State or foreign country) 1

16. (a) Informant Registrar

(b) Address Jefferson Barracks, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-10-48 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cem.

18. (a) Signature of funeral director C. Hoffmeister U&L Co.

(b) Address 7814 S. Bdwy. St. Louis, Mo.

19. (a) 1-9-48 (Date received local registrar) (b) Carl A. Shaw MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 7
year 1948 hour 5:00 minute P. M.

21. I hereby certify that I attended the deceased from December 31, 1947, to January 7, 1948
that I last saw him alive on January 7, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death CARCINOMA OF HYPOPHARYNX — Duration Unk

Contributary cause: BRONCHOPNEUMONIA

Due to 45 [illegible]

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 1/5/48 Biopsy of Hypopharynx
Of autopsy No Autopsy performed

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) None

(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? Means of injury 0

23. Signature L. E. Stilwell (M. D.)
Address Jefferson Barracks, Mo. Date signed 1/8/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Serial 3794781
Eng. 7-25-18
Disc. 1-27-19
Pvt Battery F
29th Fixed Art.

JAN 13 1948

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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 Harry J Schumacher

Licensed Embalmer No. 2679

P. O. Address 7814 S Broadway

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.