S. No. 300
M—10-47
5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 22 1948

Registration District No. _____

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 11075

Registrar's No. 673

96 0 0

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Ballwin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Pine Crest Nursing Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)
In this community _____

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town Ballwin
(If outside city or town limits, write "RURAL")
(d) Street No. Pine Crest Nursing Home. 0
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Cinderella Huddleston

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

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased April (Month) 2 (Day) 1852 (Year)

8. AGE: Years 95 Months 10 Days 23 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
12. Name James Heghley
13. Birthplace _____ (City, town, or county) Virginia (State or foreign country)
14. Maiden name Unknown Weidman
15. Birthplace _____ (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. H. C. Howard
(b) Address Bismarck, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-7-48 (Month) (Day) (Year)
(c) Place: burial or cremation Elvins, Mo.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) 3-12-48 (Date received local registrar) (b) Cecil C. Humphreys (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5 year 1948 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan 13, 1948, to Mar 5, 1948 that I last saw her alive on March 5, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic myocarditis	
Due to: Senility	
Due to:	
Other conditions: Arteriosclerosis (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? _____
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature B. R. Loving (M. D. or other) MD
Address Ballwin Mo Date signed 3-10-48

(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 Elmo R. Cadwell

Licensed Embalmer No. 4077

P. O. Address.....

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.