

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: 6507 Bradley Ave.
(d) Length of stay: In hospital or institution
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(d) Street No. 6507 Bradley Ave. 9
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Joseph E. Huighe
3. (b) If veteran, name war _____
3. (c) Social Security No. 492-01-2029

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July 25
year 1948 hour 10 minute 10 A M.

4. Sex Male 0 5. Color or race White
6. (a) Single, widowed, married, divorced, or married Married
6. (b) Name of husband or wife Augusta Stumpf Huighe
6. (c) Age of husband or wife if alive 19 years 1895
7. Birth date of deceased March 19 1895
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 3rd July 1948 to 22nd July 1948.
that I last saw him alive on 22nd July 1948 and that death occurred on the date and hour stated above.

8. AGE: Years 53 Months 4 Days 6 If less than one day hr. min.

Immediate cause of death: Coronary Sclerotic Heart Disease & Recompensation
Duration yrs

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Printer

Due to: Coronary sclerosis, genl.
Due to: _____

11. Industry or business _____
12. Name Edward Huighe
13. Birthplace Holland
(City, town, or county) (State or foreign country)
14. Maiden name Katherine Kiely
15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

Other conditions: (Include pregnancy within 3 months of death) _____
Major findings: _____
Of operations: _____
Of autopsy: _____

16. (a) Informant Augusta Stumpf Huighe
(b) Address 6507 Bradley Ave.
17. (a) Burial (b) Date thereof 7/28/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Resurrection

PHYSICIAN
Underline the cause to which death should be charged statistically.

18. (a) Signature of funeral director Strook-Carroll
(b) Address 4600 Natural Bridge Ave.
19. (a) JUL 27 1948 (b) J. F. Brubaker
(Date received local registrar) (Registrar's signature)

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? _____

23. Signature Charles Krower (M. D. or other) _____
Address 6934 Belvidere Date signed 7/26/48

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

300
47
39
2008

gmd

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.....

J Allen Davis

Licensed Embalmer No.

4053

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.