

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

27840

FILED AUG 23 1948
Registration District No. 818

Primary Registration District No. 1003

State File No. _____

Registrar's No. 7023

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(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 Armin Desloge Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
(Specify whether
In this community Life
years, months or days)

3. (a) PRINT FULL NAME Teresa Kay Huddleston
3. (b) If veteran, — name war —
3. (c) Social Security No. —

4. Sex Female
5. Color or race W
6. (a) Single, widowed, married, divorced ✓
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased 8-5-48
(Month) (Day) (Year)

8. AGE: Years — Months — Days 2
If less than one day 1/2 hr. — min.

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

10. Usual occupation Infant

11. Industry or business —

12. Name John Henry Huddleston
13. Birthplace DeVoss Bluff Ark
(City, town, or county) (State or foreign country)
14. Maiden name Georgia Lorraine Thaxland
15. Birthplace Williamsville Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Georgia Thaxland Huddleston
(b) Address 1107 So. 13th St.

17. (a) Burial (b) Date thereof 8-9-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St Matthews Calm.

18. (a) Signature of funeral director A W McLaughlin

(b) Address 1071 Lafayette Avenue

19. (a) AUG 10 1948 (b) J F Bradeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1107 So 13th Street
(If rural, give location)
(e) Citizen of foreign country? - no - (Yes or No)
If yes, name country —

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month 8 day 7
year 48 hour 12:45 minute P. M.
21. I hereby certify that I attended the deceased from 5 Aug. 19 48 to 7 Aug. 19 48
that I last saw her alive on 7 Aug. 19 48
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary atelectasis
Duration —

Due to Prematurity

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? —

While at work? — (Specify type of place) (c) Means of injury —

23. Signature Lawrence E Mendonca (M. D. or other)
Address 607 N. Grand Av. St. Louis Mo Date signed 7 Aug 48

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

MOTHER FATHER

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.....

Licensed Embalmer No.....

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.