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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 20 1948

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31118

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7982

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:
ST. LOUIS MATERNITY HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 Days (Specify whether
In this community 12 Days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State ILLINOIS (b) County MADISON 99

(c) City or town ALTON
(If outside city or town limits, write "RURAL")

(d) Street No. 2121 ROCKWELL 2
(If rural, give location)

N.R

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME GWENDOLYN MARQUITA HUISH

3. (b) If veteran, name war None

3. (c) Social Security No. 332-20-7454

4. Sex FEMALE 1

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 July (Month) 2 (Day) 1927 (Year)

8. AGE: Years 21 Months 2 Days 8 If less than one day hr. min.

9. Birthplace EAST CHICAGO (City, town, or county) INDIANA (State or foreign country) 1

10. Usual occupation SECRETARY

11. Industry or business LYNCH ADJUSTMENT CO., ALTON ILL.

FATHER
12. Name BENJAMIN HYDE HUISH
13. Birthplace PITTSBURGH PENNSYLVANIA (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name EMMA EVELYN DOUGLAS
15. Birthplace EAST CHICAGO INDIANA (City, town, or county) (State or foreign country) 1

16. (a) Informant ST. LOUIS MATERNITY HOSP.
(b) Address 630 SO. KINGSHIGHWAY, ST. LOUIS MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Sept. 13, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Gary Indiana

18. (a) Signature of funeral director Robert H. Streeper
(b) Address 2521 Edwards St. Alton, Ill.

19. (a) SEP 11 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPTEMBER day TENTH year 1948 hour SIX minute 25 A.M.

21. I hereby certify that I attended the deceased from 8-18-48, 19 to 9-10-, 1948 that I last saw her alive on 9-10-, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Gynandroblastoma of Ovary, Malignant

Due to

Due to

Other conditions Pleural effusion
(Include pregnancy within 3 months of death)

Major findings:
Of operations Extensive abdominal Carcinomatosis
Of autopsy Carcinoma of entire abdomen Pleural effusion

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature John E. Hobbs (M. D. or other)
Address 630 S. Kingshighway Date signed 9/10/48.

(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.....Robert H. Streeper.....

Licensed Embalmer No. 2474.....

P. O. Address.....Alton, Ill.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.