

FILED AUG 27 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

28181

State File No. _____

Registrar's No. 7258

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY <u>St Louis Mo</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>JEFFERSON</u>	
b. CITY OR TOWN <u>St Louis</u>	c. LENGTH OF STAY (in this place) <u>16 hr</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>51 RURAL - ROCK TOWNSHIP</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>DEACONESS HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>NR - NEAR ANTONIA MO</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>LULA</u> b. (Middle) <u>HUCKIE</u> c. (Last) _____	4. DATE OF DEATH (Month) (Day) (Year) <u>August 19, 1949</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MAY 15, 1894</u>	9. AGE (In years last birthday) <u>55</u>	# UNDER 1 YEAR <u>3</u> Months	YEAR <u>04</u> Days	# UNDER 24 HRS. <u>-</u> Hours	Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Seckman Mo D</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>HENRY DIERKS</u>	13b. MOTHER'S MAIDEN NAME <u>LOUISA BERNER</u>	14. NAME OF HUSBAND OR WIFE <u>HERRY HUCKIE</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME _____ ADDRESS _____
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage (Apoplexy)</u>		<u>18 hrs.</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Generalized Arteriosclerosis with Hypertension</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>9 yrs?</u>

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>97</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m. _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>B31X</u>
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22. I hereby certify that I attended the deceased from October 18, 1945, to Aug. 19, 1949, that I last saw the deceased alive on Aug. 19, 1949, and that death occurred at 12:00 noon, from the causes and on the date stated above.

23a. SIGNATURE <u>B. Shuffler</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>634 N. Grand St. Louis 3, Mo.</u>	23c. DATE SIGNED <u>8/19/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>Aug 22-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>BURGESS-CEM</u>	24d. LOCATION (City, town, or county) (State) <u>ANTONIA MO</u>
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>AUG 20 1949</u> <u>J. B. Jarator</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Aciliq TAG FUNERAL HOME</u> ADDRESS <u>KIMMSWICK MO</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....

..... Student Embalmer No.

working under my personal supervision.

Signed.....

Fred H. Heiligman

Signed.....
Student Embalmer

Licensed Embalmer No. *3150*

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.