

FILED OCT 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35245

State File No. 8733

318

1003

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN		c. LENGTH OF STAY (In this place) township)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN			
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location)			
Barnes Hospital, 0				N.A. 624½-East Third St. 2			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) BERT			b. (Middle) Oscar			c. (Last) Huckstep	
5. SEX Male <input checked="" type="checkbox"/>			6. COLOR OR RACE White			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Sept. 14, 1905			9. AGE (In years last birthday) 44			10. IF UNDER 1 YEAR Months --- 24	
11. BIRTHPLACE (State or foreign country) Arcola, Illinois			12. CITIZEN OF WHAT COUNTRY? USA				
13a. FATHER'S NAME Bert Oscar Huckstep Sr.		13b. MOTHER'S MAIDEN NAME Catherine McManaway		14. NAME OF HUSBAND OR WIFE Cecile Huckstep			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 573-14-4077		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Cecile Huckstep, 624½-E. Broadway, Alton, Illinois.			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart Intest in the myeloma</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>myelogenous Leukemia</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Anemia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>3 years</u> <u>3 years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>74A</u> <u>2041</u>			
22. I hereby certify that I attended the deceased from <u>Oct 6, 1949</u> , to <u>Oct 8, 1949</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>7:50 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Frank R. Bradley M.D.</u>				23b. ADDRESS Barnes Hospital,		23c. DATE SIGNED <u>Oct 8/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)	
Burial		Oct. 11, 1949		Valhalla Memorial Park		Godfrey Township, Illinois Madison County, Illinois	
DATE REC'D BY LOCAL REG. OCT 11 1949		REGISTRAR'S SIGNATURE <u>J. B. Sasater</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Robert H. Streeper</u> Alton, Illinois.			

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

MAR 22 1961

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.

Student
Student Embalmer

Signed _____
Robert H. Streep

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 with the above constitutes grounds for revocation of license.)

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