

FILED MAY 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18288

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 4488	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
b. CITY (If outside corporate limits, write RURAL and give township) ST LOUIS				c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) ST LOUIS 2219	
d. FULL NAME OF HOSPITAL OR INSTITUTION STATE SANATORIUM				d. STREET ADDRESS (If rural, give location) 3303A DELMAR			
3. NAME OF DECEASED (Type or Print)		a. (First) ROWHILLIARD		b. (Middle) HUCKLEBERRY		c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) May 18 1950		5. SEX MALE		6. COLOR OR RACE COL.		7. (MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED) (specify) MARRIED	
8. DATE OF BIRTH 10/5/1892		9. AGE (In years last birthday) 57		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		11. BIRTHPLACE (State or foreign country) GREENVILLE MISS.	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME FOM HUCKLEBERRY		13b. MOTHER'S MAIDEN NAME MARCALETE		14. NAME OF HUSBAND OR WIFE JANIE HUCKLEBERRY	
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. 000		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Janice Huckleberry Delmar 3503A			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Luetic Heart Disease				INTERVAL BETWEEN ONSET AND DEATH 1944X	
This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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"/> HOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 025X			
22. I hereby certify that I attended the deceased from 12-26 , 19 44 , to May 18 , 19 50 , that I last saw the deceased alive on May 18 , 19 50 , and that death occurred at 1:55 PM , from the causes and on the date stated above.							
23a. SIGNATURE Kiplane J. Keller (M.D.)				23b. ADDRESS 5400 Arsenal St.		23c. DATE SIGNED 5/18/50	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 5/23/50		24c. NAME OF CEMETERY OR CREMATORY WASHINGTON PARK		24d. LOCATION (City, town, or county) (State) ST LOUIS Co. MO.	
DATE REC'D BY LOCAL REG. MAY 19 1950		REGISTRAR'S SIGNATURE J. B. Lassiter		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS H. J. Brice 4419 Washington			

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

(Licensed Embalmer's Statement on Reverse Side)

MISSOURI

DEPARTMENT OF HEALTH

STATE OF MISSOURI
DEPARTMENT OF HEALTH

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 J. P. Stark

Licensed Embalmer No. 4599

P. O. Address St. Louis

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.