.S. No. 300
EV. 10.48

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

FILED AUG 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24903

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6623

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Saint Louis
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1802a Division St 21

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Saint Louis 2219
d. STREET ADDRESS (If rural, give location) 1802a Division St

3. NAME OF DECEASED (Type or Print)
a. (First) Nicholas
b. (Middle)
c. (Last) Huggins

4. DATE OF DEATH (Month) 7 (Day) 31 (Year) 50

5. SEX Male
6. COLOR OR RACE Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Oct. 23, 1892
9. AGE (In years last birthday) 57 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Glaster, Miss
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Johnnie Huggins
13b. MOTHER'S MAIDEN NAME Martha Williams
14. NAME OF HUSBAND OR WIFE Minnie Huggins

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 Minnie Huggins, 1802 Division St — ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Colon — INTERVAL BETWEEN ONSET AND DEATH 1 yr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Metastasis to Prostate + Bladder — 3 mos.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 153 X

22. *I hereby certify that I attended the deceased from* 7-22, 1950, *to* 7-31, 1950, *that I last saw the deceased alive on* 7-31, 1950, *and that death occurred at* 5-10 a *m., from the causes and on the date stated above.*

23a. SIGNATURE J. C. Sherard, M.D. (Degree or title)
23b. ADDRESS 2702a Franklin Ave.
23c. DATE SIGNED 8-2-50.

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE 8-5-50
24c. NAME OF CEMETERY OR CREMATORY Washington Park
24d. LOCATION (City, town, or county) St. Louis County, (State) Mo

DATE REC'D BY LOCAL REG. AUG 3 1950
REGISTRAR'S SIGNATURE J. B. Kessler
25. FUNERAL DIRECTOR'S SIGNATURE G. Wade Granberry — ADDRESS 4202 Finney

(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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Melvin E. Green

Signed.....
Student Embalmer

Licensed Embalmer No. 4428

P. O. Address St. Louis, Mo

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.