

FILED OCT 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34936
Registrar's No. 7292

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place) <u>30 days</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Lukes</u>		e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ladue</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Senex</u> b. (Middle) <u>Elmer</u> c. (Last) <u>Huckstep</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 24, 1950</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov 26, 1882</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Tread. Curlee Cloth Co.</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>67</u>
11. BIRTHPLACE (State or foreign country) <u>Ellsberry, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Huckstep</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Smith</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>Yes 489-03-7244</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Mrs Elizabeth J. McPart</u> #10 Danfield Rd	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lymphosarcoma</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 yrs</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, 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	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
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"/>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21f. HOW DID INJURY OCCUR? <u>198A</u>	
22. I hereby certify that I attended the deceased from <u>Feb</u> , 19 <u>49</u> , to <u>Aug 24</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Aug 24</u> , 19 <u>50</u> , and that death occurred at <u>6 P.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Robert M. Smith</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>114 N. Taylor</u>	
23c. DATE SIGNED <u>8/25/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug 28, 1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo</u>	
DATE REC'D BY LOCAL REG. <u>AUG 28 1950</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Alexander & Son 6175 Delmar</u>	

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 _____

working under my personal supervision.

Student Embalmer No.

Signed jos. E. McCulloh

Signed.....
Student Embalmer

Licensed Embalmer No. 2460

P. O. Address 6175 Pelma

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.