

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUN 23 1951

State File No. **21866**  
1003-  
Registrar's No. **5400**

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>Missouri</b> b. COUNTY _____																			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>20 yrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		<b>2219</b>																	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3232 Lawton Avenue</b>				d. STREET ADDRESS (If rural, give location) <b>3232 Lawton Avenue</b>																			
3. NAME OF DECEASED (Type or Print) <b>Georgiana</b>			a. (First)		b. (Middle)		c. (Last) <b>Huff</b>																
4. DATE OF DEATH <b>June 11, 1951</b>		5. SEX <b>3</b> Fem		6. COLOR OR RACE <b>Col</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Dec. 28, 1897</b>															
9. AGE (In years last birthday) <b>53</b>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 HR. Hours		IF UNDER 1 HR. Min.															
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Assistant</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Barnes Hosp</b>			11. BIRTHPLACE (State or foreign country) <b>Greenville, Tennessee</b>		12. CITIZEN OF WHAT COUNTRY? <b>/</b>															
13a. FATHER'S NAME <b>George W. Trimble</b>			13b. MOTHER'S MAIDEN NAME <b>Matilda Williams</b>			14. NAME OF HUSBAND OR WIFE <b>Levictus Huff</b>																	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Louise V. Burns, 3143 Laclede Avenue</b>																			
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) _____								ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <b>Cardio Renal Vascular Disease</b> DUE TO (c) _____								II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 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"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR <b>H.H.S.</b>															
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>6:35 P.</b> m., from the causes and on the date stated above.																							
23a. SIGNATURE <b>Patrick E. Taylor Coran</b>						23b. ADDRESS <b>1300 Clark</b>						23c. DATE SIGNED <b>6.13.51</b>											
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>				24b. DATE <b>6/17/51</b>				24c. NAME OF CEMETERY OR CREMATORY <b>College Hill</b>				24d. LOCATION (City, town, or county) (State) <b>Lebanon, St. Clair, Illinois</b>											
DATE REC'D BY LOCAL <b>JUN-13 1951</b>				REGISTRAR'S SIGNATURE <b>J. B. Lester</b>				25. FUNERAL DIRECTOR'S SIGNATURE <b>R. M. C. Green</b>				ADDRESS <b>3517 Laclede Avenue</b>											

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

**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 *Melvin E. Green*.....

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.