

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23540

State File No.

FILED JUL 13 1953

BIRTH NO. _____ REG. DIST. NO. 319 PRIMARY REG. DIST. NO. 6079 Registrar's No. 46

150

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

1. PLACE OF DEATH a. COUNTY <u>ST. GENEVIEVE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. GENEVIEVE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL ST. GENEVIEVE</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL ST. GENEVIEVE MO</u>	
c. LENGTH OF STAY (In this place) <u>LIFE</u>		d. STREET ADDRESS (If rural, give location) <u>STAR ROUTE # 2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>STAR ROUTE # 2</u>			

3. NAME OF DECEASED a. (First) <u>SOPHIA</u> b. (Middle) <u>M.</u> c. (Last) <u>HUCK</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 4 1953</u>		
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5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>JAN 4 1883</u>		9. AGE (In years last birthday) <u>70</u>		10. MONTHS <u>7</u>		11. YEAR <u>4</u>		12. HOURS <u>0</u>		13. MIN. <u>0</u>	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) <u>ZELL MO</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
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13a. FATHER'S NAME <u>BERNARD SCHMELZLE</u>				13b. MOTHER'S MAIDEN NAME <u>MARY ANNA SCHMUTZ</u>				14. NAME OF HUSBAND OR WIFE <u>LAWRENCE HUCK</u>			
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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>None</u>				17. INFORMANT'S SIGNATURE OR NAME <u>Valentine Huck, Sec. St. Genevieve St. R. # 2</u>				ADDRESS			
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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 <u>1 month</u>	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cosmancy Thrombosis</u>											
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Valvular Heart disease?</u>											
		DUE TO (c)											
		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 type="checkbox"/> NO <input checked="" type="checkbox"/>			
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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)			
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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?			
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22. I hereby certify that I attended the deceased from June 1, 1953, to July 4, 1953, that I last saw the deceased alive on July 2, 1953, and that death occurred at 2 A. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>R. L. Lawrence M.D.</u>				23b. ADDRESS <u>St. Genevieve MO</u>				23c. DATE SIGNED <u>7/6/53</u>			
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIED</u>		24b. DATE <u>July 6 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST. JOSEPH</u>		24d. LOCATION (City, town, or county) (State) <u>ZELL MO</u>	
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DATE REC'D BY LOCAL REG. <u>July 6, 1953</u>		REGISTRAR'S SIGNATURE <u>Luella Barber</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. C. Barber</u>		ADDRESS <u>St. Genevieve MO</u>	
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AUG 12 1954

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.....

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working under my personal supervision.

Student Embalmer No.....

Signed.....

Adrian J. Keller

Signed.....

Student Embalmer

Licensed Embalmer No. *4740*

P. O. Address *St. Genevieve*

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.