

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26501

State File No.

S. No. 300

v. 10.48

6892

Registrar's No.

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

I. PLACE OF DEATH
a. COUNTY _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri c. LENGTH OF STAY (in this place) _____

c. CITY OR TOWN St. Louis d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION Christian Hospital e. STREET ADDRESS (If rural, give location) 4920 Leahy Avenue., 2019

3. NAME OF DECEASED (Type or Print)
a. (First) William b. (Middle) Huddleston c. (Last) 7

4. DATE OF DEATH (Month) (Day) (Year)
July 10, 1953

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH Feb 26, 1868 9. AGE (In years last birthday) 85 IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 1 HOUR Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret Engineer 10b. KIND OF BUSINESS OR INDUSTRY Locomotive 11. BIRTHPLACE (City and State or Foreign Country) Washington County, Mo. 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Pinckney Huddleston 13b. MOTHER'S MAIDEN NAME Martha Burton 14. NAME OF HUSBAND OR WIFE Alice Huddleston dec'd

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) Nil 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME Charles Boyer, 4920 Leahy Avenue., ADDRESS _____

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis of Heart

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. General Arteriosclerosis

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)
581.0

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 1950, 1950, to 7-10, 1953, that I last saw the deceased alive on 7-10, 1953, and that death occurred at 6:50 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Haklein M.D. 23b. ADDRESS 5074 N Union Blvd 23c. DATE SIGNED 7-10-53

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL 24b. DATE 7-11-53 24c. NAME OF CEMETERY OR CREMATORY Big River Cemetery 24d. LOCATION (City, town, or county) (State) Irondale, Missouri

DATE REC'D BY LOCAL REG. Jul 13 1953 REGISTRAR'S SIGNATURE J. Carl Smith M.D. 25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe, 4700 Washington Blvd ADDRESS _____

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.....
Signature of Student Embalmer

Signed *John J. Haines*.....
Licensed Embalmer No. *4108*.....
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.