

FILED NOV 22 1954

STANDARD CERTIFICATE OF DEATH

State File No. 38870 Registrar's No. 9514

BIRTH NO. 82047-54 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 Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis,		c. CITY OR TOWN Lemay	
c. LENGTH OF STAY (in this place) 1 MO.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthonys Hospital		e. STREET ADDRESS (If rural, give location) 648 Claregood Lane	

3. NAME OF DECEASED (Type or Print)	a. (First) William	b. (Middle) John	c. (Last) Huighe, Jr.	4. DATE OF DEATH (Month) (Day) (Year) Oct. 18, 1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Sept. 18, 1954	9. AGE (In years last birthday) 1	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME William Huighe, Sr.	13b. MOTHER'S MAIDEN NAME Laverne Baltz	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS William Huighe, Sr. 648 Claregood
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Volvulus & Gangrene of ileum		1 mo
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Partial small bowel obstruction DUE TO (c) Prematurity		2 wks. 1 mo
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 2 Stage Resection of small bowel	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 7562
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22. I hereby certify that I attended the deceased from 9/18, 1954, to 10/18, 1954, that I last saw the deceased alive on 10/18, 1954, and that death occurred at 5:45 AM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Mitchell L. Bartwick M.D.	23b. ADDRESS 7629 So. Broadway	23c. DATE SIGNED 10/18/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 10/20/54	24c. NAME OF CEMETERY OR CREMATORY St. Paule Churchyard	24d. LOCATION (City, town, or county) (State) Affton 23, Mo.
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DATE REC'D BY LOCAL REG. OCT 20 1954	REGISTRAR'S SIGNATURE Carl Smith MO	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Fendler Und. Co, 7420 Michigan Ave.
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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 *W. G. Peterson*
Licensed Embalmer No. *376*
P. O. Address *7420 Mi*

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.