

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3222

FILED FEB 10 1956

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 542 Registrar's No. 280

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ferguson</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Florissant 4051</u>	
c. LENGTH OF STAY (In this place) <u>3 WKS</u>		d. STREET ADDRESS (If rural, give location) <u># 8 Duchesne Dr.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>339 Suburban Ave</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Emily</u>	b. (Middle) <u>Josephine</u>	c. (Last) <u>Huck</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 28, 1956.</u>
-------------------------------------	-------------------------	------------------------------	-----------------------	---

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>Oct. 29, 1866 89</u>	9. AGE (In years last birthday) <u>89</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>15</u>	IF UNDER 12 HRS. Hours <u>15</u> Min.
----------------------	-------------------------------	---	--	---	--	---------------------------------------

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 <u>At Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
--	--	--	--

13a. FATHER'S NAME <u>George Reinhardt</u>	13b. MOTHER'S MAIDEN NAME <u>Eva Nagel</u>	14. NAME OF HUSBAND OR WIFE <u>Theophil Huck</u>
--	--	--

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Estelle Spaeth</u>	ADDRESS <u>Florissant, Mo.</u>
--	-------------------------------------	---	--------------------------------

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs</u>	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio Sclerotic Heart Disease</u>	(b) <u>arteriosclerosis generalized</u>		<u>15 yrs.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 <u>none</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>4200</u>
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	---	----------------------------

22. I hereby certify that I attended the deceased from Oct, 1957, to Jan 28, 1956, that I last saw the deceased alive on Jan 28, 1956, and that death occurred at 2:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>M. D. Johnson M. D.</u>	23b. ADDRESS <u>Ferguson, Mo.</u>	23c. DATE SIGNED <u>1-29-56</u>
---	-----------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>1/31/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>
--	--------------------------	--	---

DATE REC'D BY LOCAL REG. <u>1-30-56</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Domb</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>WHITE CHAPEL, FERGUSON, MO.</u>
---	--	---

(Licensed Embalmer's Statement on Reverse Side)

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

Eleanora Province

Licensed Embalmer No.

3403

P. O. Address

Jennings, Me

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.