

FILED MAY 29 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19198

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1104

1. PLACE OF DEATH a. COUNTY St. Louis			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 Koch, Mo		c. LENGTH OF STAY (in this place) 105d.	c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Robert Koch Hospital			e. STREET ADDRESS (If rural, give location) 3127A FRANKLIN ST.		
3. NAME OF DECEASED (Type or Print) a. (First) Eddie		b. (Middle) Lee	c. (Last) Huggins	4. DATE OF DEATH (Month) (Day) (Year) 4-27-56.	
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) separated	8. DATE OF BIRTH 8-11-09	9. AGE (In years last birthday) 46	IF UNDER 1 YEAR Months 8 Days 16
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Nil		10b. KIND OF BUSINESS OR INDUSTRY (None Known)	11. BIRTHPLACE (City and State or Foreign Country) Mississippi		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Hamp Huggins		13b. MOTHER'S MAIDEN NAME Louella Brownly	13c. NAME OF HUSBAND OR WIFE Geraldine Littleton		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes	16. SOCIAL SECURITY NO. W.W.U	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Robert Koch Hosp, Koch, Mo			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary tuberculosis, far advanced	II. OTHER SIGNIFICANT CONDITIONS				5 years (?)
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				
	DUE TO (c) _____				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			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)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	
		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan. 13, 1956 , to Apr. 27, 1956 , that I last saw the deceased alive on Apr. 27, 1956 , and that death occurred at 10:10 m. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Axel R. Brown, M.D.			23b. ADDRESS Robert Koch Hosp, Koch, Mo		23c. DATE SIGNED 4-27-56.
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-2-56	24c. NAME OF CEMETERY OR CREMATORY National Cemetery	24d. LOCATION (City, town, or county) (State) Jefferson Parish - St. Louis Mo		
DATE REC'D BY LOCAL REG. 4-30-56	REGISTRAR'S SIGNATURE Herbert B. Bombardier		25. FUNERAL DIRECTOR'S SIGNATURE E. B. Lincee		ADDRESS 1221 N. Grand

(Licensed Funeral Home'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.....
Signature of Student Embalmer

Signed *Clarence Brown*

Licensed Embalmer No. *47*

P. O. Address *1221 N. 7th*

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.