

STANDARD CERTIFICATE OF DEATH

21900

State File No. ....

FILED JUN 18 1956

5220

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. ....		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>3 Mos.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Ferguson 40091</b>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>City Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>919 Hutton Place</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>LUDWELL</b> b. (Middle) <b>GAINES</b> c. (Last) <b>HUSTON</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>May 28, 1956</b>					
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Jan. 14, 1883</b>		
9. AGE (In years last birthday) <b>73</b>		IF UNDER 1 YEAR Months _____		IF UNDER 24 HRS. Hours _____		IF UNDER 1 MIN. Mins. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Store operator</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Grocery</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Delfi, Indiana</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Ludwell G. Huston, Sr.</b>			13b. MOTHER'S MAIDEN NAME <b>Josephine Mc Clane</b>		14. NAME OF HUSBAND OR WIFE <b>Myrtle Huston</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <b>NO</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs Myrtle Huston, 919 Hutton Pl.</b>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Fracture of Left Hip, Generalized Arterio Sclerosis, suffered when deceased fell on step at home on December 18th 1955.</b> ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO _____ DUE TO _____ II. OTHER SIGNIFICANT CONDITIONS <b>Decreased fall on step at home on December 18th 1955.</b> Conditions contributing to the death but not related to the disease or condition causing death					INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>		21c. (CITY, TOWN, OR TOWNSHIP) <b>Ferguson Mo</b> (COUNTY) <b>Mo</b> (STATE) _____				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Dec 18 55 ?</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>134</b>				
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>1:30 P.</b> m., from the causes and on the date stated above.								
23a. SIGNATURE <b>Wreck E. Taylor</b> (Degree or title) _____				23b. ADDRESS <b>1300 Clark Av.</b>		23c. DATE SIGNED <b>5/31/56</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>5-31-56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>Normandy, Missouri</b>		
DATE REC'D BY LOCAL REG. <b>MAY 31 1956</b>		REGISTRAR'S SIGNATURE <b>Carl Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>WHITE CHAPEL, FERGUSON, MISSOURI</b>				

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

m & B. (Licensed Embelmer's Statement on Reverse Side)

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

working under my personal supervision.

Student Embalmer No. \_\_\_\_\_

Student .....  
Student Embalmer

Signed

*Eliu Province*

Licensed Embalmer No. 3403

P. O. Address Jennings, Missouri

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.