

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25036

FILED JUL 20 1956

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6285

1. PLACE OF DEATH
a. COUNTY _____
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Ill. b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) c. LENGTH OF STAY (In this place)
OR TOWN St. Louis - 5 days
c. CITY OR TOWN East St. Louis d. Is Residence within limits of a city or incorporated town? Yes No
d. FULL NAME OF HOSPITAL OR INSTITUTION Firmin Desloge Hospital e. STREET ADDRESS (If rural, give location) 830 St. Clair Road 8128

3. NAME OF DECEASED a. (First) David b. (Middle) Lloyd c. (Last) Huddleston 4. DATE OF DEATH (Month) (Day) (Year) 7 3 1956

5. SEX M 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single (never married) 8. DATE OF BIRTH 7/1/1940 9. AGE (In years last birthday) 16 IF UNDER 1 YEAR Months 0 Days 2 IF UNDER 24 HRS. Hours 2 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Lloyd J. Huddleston 13b. MOTHER'S MAIDEN NAME Ida May Kidd 14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. 321-32-1531 17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Lloyd J. Huddleston 830 St. Clair Rd. 6 St. Louis, Mo. 2000

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
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Intercerebral Hemorrhage
ANTECEDENT CAUSES DUE TO (b) a neureysm
Morbidity 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. 330X
INTERVAL BETWEEN ONSET AND DEATH 6-9-56 7-2-56

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) _____

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 June 29th, 1956, to July 3, 1956, that I last saw the deceased alive on July 3, 1956, and that death occurred at 7:40 A.M., from the causes and on the date stated above.

23a. SIGNATURE Charles S. Li (Degree or title) _____ 23b. ADDRESS 3536 Vista Ave St. Louis, Mo. 23c. DATE SIGNED 7/3/56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 7/6/56 24c. NAME OF CEMETERY OR CREMATORY Mount Hope 24d. LOCATION (City, town, or county) (State) Belleville, Ill.

DATE REC'D BY LOCAL REG. JUL 5 1956 REGISTRAR'S SIGNATURE [Signature] 25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS 2000 St. Louis, Ill.

(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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 3162

P. O. Address St. Louis

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.