

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-030556

STATE FILE NUMBER 7728

FILED AUG 28 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

S. 300  
1-57

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1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST. LOUIS</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>ST. LOUIS</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>HOMER Phillips Hosp. D. O. A</b>		Length of stay in 1b <b>2059</b>	d. STREET ADDRESS (If outside, give location) <b>6047 ETEL</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>MARIE</b> Middle <b>L</b> Last <b>HUFKER</b>			4. DATE OF DEATH Month <b>8</b> Day <b>7</b> Year <b>58</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>OCT-6-1911</b>	9. AGE (In years last birthday) <b>46</b>	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>CLERK</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>RICE-STIX Co.</b>	11. BIRTHPLACE (City and state or country) <b>ST. LOUIS, MO. O</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>VICTOR-STORMMAN</b>		13b. MOTHER'S MAIDEN NAME <b>CHAMBERS</b>		14. NAME OF HUSBAND OR WIFE <b>WILLIAM-HUFKER</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>UNKNOWN</b>	17. INFORMANT Address <b>HAROLD HUFKER 5617-LOTUS</b>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Barbiturate Intoxication</b>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not allowed to be terminal cause conditions in Part I. <b>Not administered in home and August 7th 1958</b>		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>While suffering from temporary mental aberration</b>	
20c. TIME OF INJURY Hour <b>8</b> Month <b>7</b> Day <b>58</b> a.m. p.m.	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>St Louis</b>	COUNTY <b>MO</b> STATE

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <b>533</b> _____ m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <b>Patrick J. Taylor</b> (Degree or title)	22b. ADDRESS <b>1300 Oak</b>	22c. DATE SIGNED <b>8-8-58</b>

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>8-10-58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>ST. MATTHEWS</b>	23d. LOCATION (City, town, or county) (State) <b>ST. LOUIS, MO.</b>
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24. FUNERAL DIRECTOR <b>JAY-B-SMITH - Maplewood Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>AUG 8 '58</b>	26. REGISTRAR'S SIGNATURE <b>J. B. Smith MO</b>
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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *J. P. Burgess* .....

Licensed Embalmer No. *4029* .....  
P. O. Address *Alpharetta* .....

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.