Health, Welfare Public Service

300 -57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-041726

STATE FILE NUMBER

FILED DEC 9 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11268

38

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN: St. Louis, Mo. — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION: St. Louis-Little Rock Hosp. Inc. — Length of stay in Hospital: D.O.A. 2/57

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St. Louis — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 4614 S. Grand Blvd — Reside on Farm: Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print): First: Elmer — Middle: Wallace — Last: Huggins

4. DATE OF DEATH: Month: Nov. Day: 20 Year: 1958

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH: March 14, 1900

9. AGE (In years last birthday): 58 — 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): Switchman

10b. KIND OF BUSINESS OR INDUSTRY: Terminal RR

11. BIRTHPLACE (City and state or country): Missouri

12. CITIZEN OF WHAT COUNTRY?: US

13a. FATHER'S NAME: Thos. Huggins

13b. MOTHER'S MAIDEN NAME: Unk.

14. NAME OF HUSBAND OR WIFE: Irene Huggins

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown. If yes, give war or dates of service): yes World war I

16. SOCIAL SECURITY NO.: 702-12-6388

17. INFORMANT: Irene Huggins — Address: 4614 S. Grand

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Myocardial Infarction acute — INTERVAL BETWEEN ONSET AND DEATH: few hours
DUE TO (b): Coronary artery Disease — few years
DUE TO (c): 420.1

Conditions, if any, which give rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from July 1936 to Nov. 20, 1958 and last saw him alive on October 15 1958. Death occurred at 8:30 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): L B Harrison M.D.

22b. ADDRESS: 1755 S. Grand Blvd

22c. DATE SIGNED: 11-21-58

23a. BURIAL, CREMATION, REMOVAL (Specify): removal

23b. DATE: 11-24-58n

23c. NAME OF CEMETERY OR CREMATORY: National Cem.

23d. LOCATION (City, town, or county) (State): Jeff. B ks., Mo.

24. FUNERAL DIRECTOR: Southern Funeral Home — ADDRESS: St. Louis, Mo.

25. DATE RECD. BY LOCAL REG.: NOV 24 '58

26. REGISTRAR'S SIGNATURE: J Earl Smith M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 David Van Hassen

Licensed Embalmer No. 4242

P. O. Address .....

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.