

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-037277

FILED VS OCT 20 1959

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 218

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY <b>ST. CHARLES</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>ST. LOUIS</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>(ALT. U.S. 40 ST. PETERS)</b>		Length of stay in 1b <b>TRAVELING</b>	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>D.O.A. ST. JOSEPHS HOSP.</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>3203 SULLIVAN</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>LOUIS</b> Middle <b>A.</b> Last <b>HUCK</b>			4. DATE OF DEATH Month <b>SEPT.</b> Day <b>19</b> Year <b>1959</b>			
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>FEB 19 1895</b>	9. AGE (last birthday) <b>64</b>	IF UNDER 1 YEAR Months <b>7</b> Days <b>8</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>ASSEMBLER &amp; MACHINIST</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>VENDING MACHINES</b>	11. BIRTHPLACE (City and state or country) <b>ST. LOUIS MO</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>JOSEPH HUCK</b>		13b. MOTHER'S MAIDEN NAME <b>PHILLIPINE STECK</b>		14. NAME OF HUSBAND OR WIFE <b>NONE</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES N.W.I.</b>		16. SOCIAL SECURITY NO. <b>497-07-3807</b>	17. INFORMANT <sup>Address</sup> <b>WILLIAM COLON 4303 STADTMAN ST. LOUIS MO</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>Multiple injuries</b> DUE TO (b) <b>sustained in a one car wreck or accident</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT: SUICIDE <input 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>Lost control of car ran off highway</b>			
20c. TIME OF INJURY Hour _____ s.m. _____ p.m. <b>9-19-59</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Highway 40</b>	20f. CITY, TOWN, OR LOCATION <b>St. Charles</b>		COUNTY <b>County</b> STATE <b>Mo</b>
21. I attended the deceased from <b>I held inquest Sept, 24 59</b> and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) <b>Meris Munday Coroner</b>			22b. ADDRESS <b>Wentzville Mo</b>		22c. DATE SIGNED <b>Sept, 25, 1959</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	23b. DATE <b>SEPT. 20 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>JEFFERSON BARRACKS</b>	23d. LOCATION (City, town, or county) (State) <b>ST. LOUIS MO</b>			
24. FUNERAL DIRECTOR <b>ROBERT D. KINEALY</b>		ADDRESS <b>2228 ST. LOUIS</b>	25. DATE RECD. BY LOCAL REG. <b>SEPT. 20 59</b>	26. REGISTRAR'S SIGNATURE <b>Marcella Wilson</b>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

St. Louis 6. Mo  
(License of Embalmer's Statement on Reverse Side)

MR. ROY L. GIBB

MAR 25 1960

FEB 19 1960

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 Howard O. Kessler

Licensed Embalmer No. 4631

P. O. Address Wentworth

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.