

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3638 STATE FILE NUMBER -61-015264

FILED APR 25 1961

DATE AMENDED

INSTEAD OF DOCUMENT

SHOULD READ

ITEM NO.

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis Mo.</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Incarinate Word Hospt.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Illinois</u> b. COUNTY <u>St. Clair.</u> c. CITY OR TOWN <u>Signal Hill - East St. Louis</u> d. STREET ADDRESS (If outside, give location) <u>#16 Ridge Street..</u>	
3. NAME OF DECEASED (Type or print) First <u>Leona</u> Middle <u>F.</u> Last <u>Huber.</u>			4. DATE OF DEATH Month <u>April</u> Day <u>16th</u> Year <u>1961.</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White.</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Apr. 2nd 1902.</u> 9. AGE (last birthday) <u>59yrs.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife.</u>	11. BIRTHPLACE (City and state or country) <u>New Orleans - La.,</u> 12. CITIZEN OF WHAT COUNTRY <u>USA..</u>
13a. FATHER'S NAME <u>Maxmillan Grelrier.</u>		13b. MOTHER'S MAIDEN NAME <u>Henrietta Rock</u>	14. NAME OF HUSBAND OR WIFE <u>William C. Huber.</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>		16. SOCIAL SECURITY NO. <u>None.</u>	17. INFORMANT <u>W.C. Huber</u> <u>16 Ridge Street - Signal Hill - East St. Louis Ill.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Generalized Carcinomatosis</u> DUE TO (b) <u>Primary head of pancreas.</u> DUE TO (c) <u>157X</u> 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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> 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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____			
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.) _____	20f. CITY, TOWN, OR LOCATION _____	COUNTY _____ STATE _____
21. I attended the deceased from <u>Dec 6, 1947</u> to <u>Apr. 16, 1961</u> and last saw her/him alive on <u>Apr. 16, 1961</u> Death occurred at <u>7:40</u> <u>P.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Joseph C. Conroy MD</u> (Degree or title)		22b. ADDRESS <u>906 Olive St</u>	22c. DATE SIGNED <u>4-17-61</u>
23a. BURIAL, CREMATION, REINTERMENT <u>REINTERMENT</u>	23b. DATE <u>April 20th 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Carmel Cemty.,</u>	23d. LOCATION (City, town, or county). (State) <u>Belleville - Illinois.</u>
24. FUNERAL DIRECTOR <u>Geo. W. Baehler</u> ADDRESS <u>2218 State East St. Louis Ill</u>		25. DATE RECD. BY LOCAL REG. <u>APR 17 1961</u>	26. REGISTRAR'S SIGNATURE <u>Loan Smith. M.D.</u>

MEDICAL CERTIFICATION

DOCUMENT

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 Frank R. Prokoff

Licensed Embalmer No. 4356

P. O. Address East St. Louis Ill

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.