MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-027708

STATE FILE NUMBER

AMENDED

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 1858

FILED JUL 19 1961

1. PLACE OF DEATH
a. COUNTY St Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ~~KINLOCK~~ ~~40~~ CLAXTON
Length of stay in 1b ~~20 yrs.~~ HRS.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) County Hosp.
Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO b. COUNTY St Louis
c. CITY OR TOWN KINLOCK PARK
Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 5741 ROMAN COURT
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Irene Middle Last Huey
4. DATE OF DEATH Month 7 Day 1 Year 1961

5. SEX Female
6. COLOR OR RACE Negro
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 5-1-1889
9. AGE (last birthday) 72
IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (City and state or country) Rolling Fork Miss
12. CITIZEN OF WHAT COUNTRY U.S.A

13a. FATHER'S NAME Sharp Huey
13b. MOTHER'S MAIDEN NAME Alice Unkown
14. NAME OF HUSBAND OR WIFE Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT James Wesley Address 5741 Roman Ct.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Dissecting aortic aneurysm.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Neutic aortitis
DUE TO (c) Neutic heart disease
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) Gen. arteriosclerosis

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ 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 6-30-1961, to 7-1-1961 and last saw her/him alive on 7-1-1961
Death occurred at 5 40 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Albert L. Howe MD.
22b. ADDRESS 601 So. Brentwood Blvd.
22c. DATE SIGNED 7/2/61

23a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial
23b. DATE July 6 1961
23c. NAME OF CEMETERY OR CREMATORY Washington Park Cemetery
23d. LOCATION (City, town, or county) Berkley (State) Mo.

24. FUNERAL DIRECTOR Price Und Co Inc. ADDRESS 2829 Washington Blvd
25. DATE RECD. BY LOCAL REG. 7-5-61
26. REGISTRAR'S SIGNATURE John E. Murphy M.A.

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF 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_____ Signed Edward A. Flynn
Signature of Student Embalmer

Licensed Embalmer No. 4444

P. O. Address 4202 Finney Ave

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.