

MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-046436

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **11583**

AMENDED

FILED DEC 18 1961

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3857a Minnesota		d. STREET ADDRESS (If outside, give location) 3857 a Minnesota	

3. NAME OF DECEASED (Type or print) First Emil Middle Henry Last William Hucker			4. DATE OF DEATH Month December Day 12 Year 1961			
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5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-12-1871	9. AGE (last birthday) 90	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mill worker - Retired	10b. KIND OF BUSINESS OR INDUSTRY Riddle Rebind Lumb.	11. BIRTHPLACE (City and state or country) St. Louis	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Unk. Hucker	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Annie Wehmeyer Hucker
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. Yes	17. INFORMANT Mr. Nathan Stampfer: 1105 Victory Dr.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Heart Failure		1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) arterio sclerotic heart	
	DUE TO (c) disease	5 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 420.0		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
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)
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20c. TIME OF INJURY Hour 11:00 a.m. p.m.	Month Nov Day 21 Year 1961
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION St. Louis	COUNTY St. Louis	STATE
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21. I attended the deceased from Nov 21 1948 to Dec 17 1961 and last saw her alive on Nov 21 1961 Death occurred at 8:30 am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Stupper Plummer M.D. (Degree or title)	22b. ADDRESS 3933 S Grand	22c. DATE SIGNED Dec 17/61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 12-14-61	23c. NAME OF CEMETERY OR CREMATORY Zion Cemetery	23d. LOCATION (City, town, or county) St. Louis County	(State)
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24. FUNERAL DIRECTOR Alexander & Sons, 6175 Delmar Blvd.	25. DATE RECD. BY LOCAL REG. DEC 13 1961	26. REGISTRAR'S SIGNATURE Earl Smith M.D.
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DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

Dr. Tupper Plumpe

3933 S. Grand

Phone: FL 3-4600

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 Joseph McCulloch

Licensed Embalmer No. 2460

P. O. Address 6175 Palma

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.