

31423 ✓

State File No. _____

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 1958

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town Lemay
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Mount St. Rose
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 64 days
 In this community about 4 years
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 5231 Vernon Ave
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Margie Huck
 3. (b) If veteran, name war no
 3. (c) Social Security No. _____

4. Sex female 5. Color or race white
 6. (a) Single, widowed, married, divorced widowed
 6. (b) Name of husband or wife Charles Huck
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Aug. 20, 1891
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
55 0 23 hr. _____ min.

9. Birthplace Bonne Terre Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation saleslady

11. Industry or business _____

MOTHER FATHER {
 12. Name William Morris
 13. Birthplace Carter County Missouri
 (City, town, or county) (State or foreign country)
 14. Maiden name Katherine Kerlagon
 15. Birthplace St. Francis County Mo.
 (City, town, or county) (State or foreign country)

16. (a) Informant Harvey Morris
 (b) Address 5231 Vernon Ave

17. (a) removal (b) Date thereof 9-16-46
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Genevieve, Mo.
 18. (a) Signature of funeral director [Signature]
 (b) Address 2228 St. Louis Ave

19. (a) 9-16-46 (b) Rush Allen MD
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 13
 year 1946 hour 5 minute 55 PM

21. I hereby certify that I attended the deceased from 6-21
46 19. to 9-13-46 19.
 that I last saw her alive on 9-12-46 19.
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Chr. Pulm Tube
 Due to _____
136-
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

Duration
was
1 yr

PHYSICIAN

 Underline the cause to which death should be charged statistically.

Major findings:
 Of operations _____
 Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature [Signature] (Specify type of place) _____
 while at work? _____ Means of injury _____
 Address 607 N. Grand Date signed 9/14/46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

96
 200

30222

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed John A. Czonoski
Licensed Embalmer No. 3398
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 this body is not embalmed, fact should be so stated above.