

DEPARTMENT OF COMMERCE

BUREAU OF CENSUS

SEP 17 1941

Registration District No.

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Primary Registration District No.

State File No.

26602

6394

Registrar's No.

## 1. PLACE OF DEATH:

- (a) County.....  
 (b) City or town St. Louis, Missouri  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
St. Louis City Hospital #1  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 10 Days  
 In this community 0 (Specify whether years, months or days)

3. (a) PRINT FULL NAME William Huckle

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, divorced, SINGLE  
 6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years (Day) (Year)  
 7. Birth date of deceased AUGUST 27 1896  
 (Month) (Day) (Year)

8. AGE: 64 Years 11 Months 5 Days If less than one day hr. min.

9. Birthplace BELLEVILLE ILLINOIS  
 (City, town, or county) (State or foreign country)

10. Usual occupation RETIRED

## 11. Industry or business

12. Name ALFRED C. HUCKE  
 13. Birthplace GERMANY  
 (City, town, or county) (State or foreign country)  
 14. Maiden name ERNESTINA HERM  
 15. Birthplace GERMANY  
 (City, town, or county) (State or foreign country)

16. (a) Informant C. A. Huckle  
 (b) Address 3908 Connecticut Avenue, Mo.

17. (a) Burial (b) Date thereof Aug. 5, 1941  
 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation BELLEVILLE ILL.

18. (a) Signature of funeral director Edward G. Baldwin

- (b) Address Belleville, Illinois

19. (a) AUG - 5 1941 (b) J. H. Bredick  
 (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State MISSOURI (b) County.....  
 (c) City or town ST. LOUIS  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 3908 CONNECTICUT  
 (If rural, give location)  
 (e) Citizen of foreign country?..... (Yes or No)  
 If yes, name country.....

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 2, year 1941 hour 9:20 minute A. M.

21. I hereby certify that I attended the deceased from July 24, 1941 to August 2, 1941  
 that I last saw him alive on August 2, 1941  
 and that death occurred on the date and hour stated above.

Immediate cause of death:

Carcinoma of Stomach

Duration

Due to.....

Due to.....

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations.....

Of autopsy.....

## PHYSICIAN

Underline the cause to which death should be charged statistically.

## 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?

While at work? (Specify type of place) (a) Means of injury.....

23. Signature M. M. Kail (M. D. or other) 0  
 Address 1515 Lafayette Avenue Date signed 8/2/41

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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

*Edgar R. Baldwin*

Licensed Embalmer No. *2846*

P. O. Address *Bellville, 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 this body is not embalmed, fact should be so stated above.**