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X29484

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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED DEC 11 1942**  
Registration District No. **318**

MISSOURI STATE BOARD OF HEALTH  
**STANDARD CERTIFICATE OF DEATH**  
Primary Registration District No. **1003**

State File No. ....  
Registrar's No. **10047**

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

1. PLACE OF DEATH:

(a) County.....  
(b) City or town **St Louis, Mo**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**2832 Walnut Street /**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... (Specify whether  
In this community **About 8 days**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **St Louis, Mo.** County.....  
(c) City or town.....  
(If outside city or town limits, write "RURAL")  
(d) Street No. **2832 Walnut St**  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME **Ruth Williams Huggins**  
3. (b) If veteran, name war **No**  
3. (c) Social Security No. **No**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Nov** day **28**  
year **1942** hour **2:30 PM** minute **P** M.

4. Sex **Female** 5. Color or race **3 Colored**  
6. (a) Single, widowed, married, divorced **1 Married**  
6. (b) Name of husband or wife **Henry Huggins**  
6. (c) Age of husband or wife if alive **44** years  
7. Birth date of deceased **not known**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Nov 14** 1942 to **Nov 28** 1942  
that I last saw h. or alive on **Nov 28** 1942  
and that death occurred on the date and hour stated above.

8. AGE: Years **About 41** Months Days If less than one day  
hr. min.

Immediate cause of death **Cerebral Monocytic Leucemia**  
Due to **not known**  
Duration **- ?**

9. Birthplace **Miss Housekeeper** (City, town, or county) (State or foreign country)  
10. Usual occupation

Due to.....  
Other conditions **Hypertensive Heart Dis.**  
(Include pregnancy within 3 months of death)  
Major findings: Of operations.....  
Of autopsy.....  
PHYSICIAN **- ?**  
Underline the cause to which death should be charged statistically.

11. Industry or business **G. W. Gregory**  
12. Name **Miss**  
13. Birthplace..... (City, town, or county) (State or foreign country)  
14. Maiden name **Anna Jones**  
15. Birthplace **Miss** (City, town, or county) (State or foreign country)  
16. (a) Informant **Henry Huggins**  
(b) Address **2832 Walnut Street**

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?  
(Specify type of place) (e) Means of injury

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **12/3/42**  
(Month) (Day) (Year)  
(c) Place: burial or cremation **Washington Park**  
18. (a) Signature of funeral director **A. L. Beal Und Co.**  
(b) Address **2726 Lucas Ave.**  
19. (a) **DEC 2 1942** (b) **J. F. Pudek**  
(Date received local registrar) (Registrar's signature)

23. Signature **J. F. Pudek** (M. D. or other)  
Address **11 N. Jefferson** Date signed **11/30/42**

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

Signed

Calvin Young  
Licensed Embalmer No. 3371

P. O. Address St. Louis

**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.**