

Registration District No. 160

Primary Registration District No. 5542

Registrar's No. 47

1. PLACE OF DEATH:

(a) County Jefferson
(b) City or town Herculaneum
(c) Name of hospital or institution: Josephine Inn
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson
(c) City or town Herculaneum
(d) Street No.
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Thomas Walker Huddleston

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife Carrie Bone Huddleston 6. (c) Age of husband or wife if alive years

7. Birth date of deceased May - 17 - 1870
(Month) (Day) (Year)

8. AGE: Years 73 Months 1 Days 23 If less than one day hr. min.

9. Birthplace Hopewell Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Lead worker, Retired

11. Industry or business

12. Name Pinkley Huddleston

13. Birthplace Unknown (City, town, or county) (State or foreign country)

14. Maiden name Martha Burton

15. Birthplace Tennessee (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ernest LeBoucq (b) Address Herculaneum Mo.

17. (a) Burial (b) Date thereof 7-13-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hopewell, Mo.

18. (a) Signature of funeral director H. S. Vinyard
(b) Address Festus Mo.

19. (a) 7-13-43 (b) H. P. O'Neil
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10 year 1943 hour minute M.

21. I hereby certify that I attended the deceased from July 9th 1943 to July 10th 1943 that I last saw him alive on July 9th and that death occurred on the date and hour stated above.

Immediate cause of death: Angina Pectoris
Due to age

Due to 948

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations
Of autopsy

Duration

14yr

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) (e) Means of injury

23. Signature Dr. P. P. ... (M. D. or other) Address Herculaneum Mo Date signed 7/14/43

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

MOTHER FATHER

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.....

Licensed Embalmer No. *3010*

P. O. Address..... *Festus no*

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.