S. No. 2
M—5-42
. 5-17-39
PI X3271

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 30 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

26643

State File No. 26643

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7458

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. Luke's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Phelps 81 9
(c) City or town Rolla 9 NR
(If outside city or town limits, write "RURAL")
(d) Street No. 208 Oak Street.,
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Huber Ira Followill
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 17 (Day) 1886 (Year)

8. AGE: Years	Months	Days	If less than one day
57	1	1	hr. min.

9. Birthplace Rolla (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Mail Carrier
11. Industry or business U. S. Postal Service
FATHER 12. Name Thomas Riley Followill
13. Birthplace Rolla (City, town, or county) Missouri (State or foreign country)
MOTHER 14. Maiden name Rosa Miller
15. Birthplace Rolla (City, town, or county) Missouri (State or foreign country)
16. (a) Informant D. B. Followill
(b) Address Rolla, Missouri.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/19/43 (Month) (Day) (Year)
(c) Place: burial or cremation Rolla, Missouri.
18. (a) Signature of funeral director Albert H. Hoppe, Inc
(b) Address 4700 Washington Blvd.,
19. (a) AUG 19 1943 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 18 year 43 hour 8 minute 15 P. M.
21. I hereby certify that I attended the deceased from Aug 17, 1943, to Aug 18, 1943; that I last saw him alive on Aug 18, 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Generalized peritonitis	1
Due to Perforated Duodenal ulcer	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations Perforated duodenal ulcer
Of autopsy Peritonitis - pyocardial effusion - Pleural effusion

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature S. O. Master (M. D. or other)
Address 3720 Washington Ave Date signed

(Licensed Embalmer's Statement on Reverse Side)

JAN 28 1947

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.

Embalmer Certificate filled organically

Signed.....

Licensed Embalmer No.....

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.