

CERTIFICATE OF DEATH

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **68 0026343 5938**

DO NOT WRITE ON THIS STUB

VS 300  
Rev. 1/68

DECEASED—NAME FIRST MIDDLE LAST <b>Charlotte B. HUCKINS</b>			SEX <b>Female</b>	DATE OF DEATH (MONTH, DAY, YEAR) <b>June 17, 1968</b>	
RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)) <b>White</b>		AGE—LAST BIRTHDAY (YEARS) <b>75</b>	UNDER 1 YEAR MOS. DAYS HOURS MIN. <b>75</b>	DATE OF BIRTH (MONTH, DAY, YEAR) <b>March 31, 1893</b>	COUNTY OF DEATH <b>Mo.</b>
CITY, TOWN, OR LOCATION OF DEATH <b>St. Louis, Mo.</b>			HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) <b>Incarinate Word Hospital</b>		
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) <b>Missouri</b>		CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) <b>Harry Huckins (Deceased)</b>	
SOCIAL SECURITY NUMBER <b>490-46-3130</b>		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) <b>Housewife</b>		KIND OF BUSINESS OR INDUSTRY <b>None</b>	
RESIDENCE—STATE <b>Mo.</b>		CITY, TOWN, OR LOCATION <b>St. Louis, Mo.</b>		STREET AND NUMBER <b>6921 Marquette</b>	

**63**  
**DECEASED**

USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

**00313**  
**PARENTS**

FATHER—NAME FIRST MIDDLE LAST <b>Henry C. Ziegler</b>			MOTHER—MAIDEN NAME FIRST MIDDLE LAST <b>Josephine Vorst</b>		
INFORMANT—NAME <b>Charlotte B. Moebes</b>			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) <b>7041 Sutherland St. Louis, Mo. 63109</b>		

**CAUSE**

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))

18 IMMEDIATE CAUSE

(a) **Myocardial infarction, posterior, acute with rupture of left ventricle**

(b) **Rupture of left ventricle**

(c) **Pericardium**

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST

**CERTIFIER**

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELIEVED TO BE CAUSE GIVEN IN PART I (a)

**Diabetes Mellitus, Cholelithiasis**

ANTOPSY (YES OR NO) **Yes**

IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH **Yes**

ACCIDENT, SUICIDE, HOMICIDE, OR UN-DETERMINED (SPECIFY)

DATE OF INJURY (MONTH, DAY, YEAR)

HOUR

HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)

INJURY AT WORK (SPECIFY YES OR NO)

PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)

LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)

**BURIAL**

CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM **6, 13, 68** TO **death**

CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.

CERTIFIER—NAME (TYPE OF M.D.)  
**JOSEPH C. UNGVARI, M.D.**

SIGNATURE  
*Joseph C. Ungvari, M.D.*

DATE SIGNED (MONTH, DAY, YEAR)  
**6.17.68**

MAILING ADDRESS—CERTIFIER  
**3128 VAN HOE AVE. ST. LOUIS, MO. 63139**

BURIAL, CREMATION, REMOVAL (SPECIFY)  
**Removal**

CEMETERY OR CREMATORY—NAME  
**Calvary Cemetery**

LOCATION  
**Valley Springs, Mo.**

DATE (MONTH, DAY, YEAR)  
**June 19, 1968**

FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)  
**Howard H. Michel 5930 Southwest, St. Louis 39, Mo.**

FUNERAL DIRECTOR—SIGNATURE  
*Howard H. Michel*

REGISTRAR—SIGNATURE  
*Paul Smith, M.D.*

DATE RECEIVED BY LOCAL REGISTRAR  
**JUN 18 1968**

Type or print in PERMANENT BLACK INK. See handbook for instructions.

**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 \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed W E Morris

Licensed Embalmer No. 3360  
P. O. Address St. Louis, Mo

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.