

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **39717**

FILED NOV 22 1954

BIRTH NO. _____ REG. DIST. NO. **517** PRIMARY REG. DIST. NO. **100** Registrar's No. **2438**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Wellston		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (In this place) 5 days		d. STREET ADDRESS (If rural, give location) 5229 Oleatha	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Vincent's Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Nancy b. (Middle) Sue c. (Last) Hucke			4. DATE OF DEATH (Month) (Day) (Year) Oct. 17 1954		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH Nov. 19, 1938	9. AGE (In years last birthday) 15	IF UNDER 1 YEAR Months 10 Days _____ Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student-Southwest High School		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.					

13a. FATHER'S NAME Ralph Hucke		13b. MOTHER'S MAIDEN NAME Dorothy W. Isa		14. NAME OF HUSBAND OR WIFE NONE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Ralph Hucke ADDRESS 5229 Oleatha Ave.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Malnutrition		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH 1 year	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malnutrition		1 year	
ANTECEDENT CAUSES DUE TO (b) Schizophrenia		1 year	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 3007	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from **10-12-**, 19 **54** to **10-17-**, 19 **54**, that I last saw the deceased alive on **10-17-**, 19 **54** and that death occurred at **7:45P m.**, from the causes and on the date stated above.

23a. SIGNATURE W. B. Lytton, M.D. (Degree or title)		23b. ADDRESS 4952 Maryland Ave., St. Louis, Mo.		23c. DATE SIGNED 10-18-54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 20, 1954		24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park		24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.	
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DATE REC'D BY LOCAL REG. 10/19/54		REGISTRAR'S SIGNATURE Heber R. Somberg		25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser ADDRESS 4228 S. Kingshighway Bl.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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
Student Embalmer

Signed Richard W. Stovesand

Licensed Embalmer No. 4007

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.