

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

701

20612

**1. PLACE OF DEATH**

County.....

Registration District No.....

File No.....

Township *St. Louis mo*

Primary Registration District No. *Baptist Hospital*

Registered No. *5561*

City.....

(No. *Baptist Hospital*)

St. .... Ward)

**2. FULL NAME** *Emma A Huckabay*

(a) Residence. No. *Venice Iles St.* Ward. *19*

*Venice Iles*

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *married*

5A. IF MARRIED, WIDOWED, OR DIVORCED  
*Widow of William Huckabay*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *November 27 1868*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
*51 7 9*

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work *Housewife*  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) *Venice*  
(STATE OR COUNTRY) *Illinois*

10. NAME OF FATHER *Cato Abbott*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) *Yorkshire*  
(STATE OR COUNTRY) *England*

12. MAIDEN NAME OF MOTHER *Ruth Seal*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *Illinois*  
(STATE OR COUNTRY)

14. INFORMANT *Ernest Massmann*  
(Address) *Venice Iles*

15. FILED *Max C Starckoff*  
REGISTRAR

**3 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) *May 11<sup>th</sup> 1920*

17. I HEREBY CERTIFY, That I attended deceased from *May 8<sup>th</sup> 1920*, to *May 11<sup>th</sup> 1920*, and that I last saw her alive on *May 11<sup>th</sup> 1920*, and that death occurred, on the date stated above, at *8:20 a. m.*

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

*Uremia*  
*130*  
*132 B* (duration) yrs. mos. *5* ds.

CONTRIBUTORY *Acute nephritis; Pneumonia (Lobar)*  
(SECONDARY) (duration) yrs. mos. *12* ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH: *Venice Iles.*

Did an operation precede death? *no* DATE OF.....

Was there an autopsy? *no*

WHAT TEST CONFIRMED DIAGNOSIS? *Urinalysis*  
(Signed) *Arthur Gundlach*, M. D.  
*May 11<sup>th</sup> 1920* (Address) *2202 Hurontary St*

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL *Del. Fountain Cemetery* DATE OF BURIAL *May 13 1920*

20. UNDERTAKER *E. H. Schildmann* ADDRESS *Venice Iles*

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.