

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City *St. Louis* (No. *5752*, *Edelle Ave*)

Registration District No. *791*
Primary Registration District No. *1003*

File No. *8080*
Registered No. *2452* St. Ward)

2. FULL NAME

Mrs. Emma Huseman
(a) Residence, No. *5752 Edelle St.*, *6* Ward.
(Usual place of abode)

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) *Widow*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Edward Huseman*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *July 18 1863*

7. AGE YEARS MONTHS Days If LESS than 1 day, hrs. or min.
67 *7* *3*

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *At home*
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) *St. Louis* 1

10. NAME OF FATHER *Sam Grese*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) *Germany* 1

12. MAIDEN NAME OF MOTHER *Unknown*

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

14. INFORMANT *Mrs. Barry Nichols*

(Address) *5752 Edelle Ave*

15. FILED *Feb 24 1931* 19. *Mrs. C. H. Harkley* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *February 21 1931*

17. HEREBY CERTIFY, That I attended deceased from *Oct 9 1928* to *February 21 1931* that I last saw her alive on *February 21 1931*, and that death occurred, on the date stated above, at *6:30 Am.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

*La Grippe Pneumonia
Bronchial Type - 9 days*

(duration) yrs. mos. ds.
11 1/2 *Chr. Cholecystitis - Chr. Cholelithiasis - Chr. Diabetes Mellitus - Chr. Arteriosclerosis - Chr. Hypertension - Chr. Myo-Carditis?*

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? *no* DATE OF

WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS? *Clinical & Lab.*

(Signed) *Luke B. Ferguson*, M. D.

2/21 1931 (Address) *3718 Jennings Rd.*

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

New Bethelheim *2/24 1931*

20. UNDERTAKER

ADDRESS *1936*

Thos. H. Eiderwieden St. Louis

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.

