

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.

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

Do not use this space.

39048

1. PLACE OF DEATH

County..... Registration District No. 792
Township..... Primary Registration District No. 101.3
City St. Louis (No. Em Route City Hospital #1)

File No.....
Registered No. 11215 St. _____ Ward)

2. FULL NAME George W. H. Huskinson

(a) Residence, No. 12th & Easton Ave. St. 23 Ward. Alton Illinois
(Usual place of abode) (If nonresident, give city or town and State)

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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 14, 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 4 23

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance Broker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Insurance
10. Date deceased last worked at this occupation (month and year) Nov. 1931 11. Total time (years) spent in this occupation 43

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alton Ill.

FATHER 13. NAME William Huskinson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

MOTHER 15. MAIDEN NAME Mary Brznell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT R. Guy Huskinson
(ADDRESS) 12th & Easton Alton Ill.

18. BURIAL, CREMATION, OR REMOVAL PLACE Alton Ill. DATE Nov. 8, 1931

19. UNDERTAKER Allen Heiser
(ADDRESS) Alton, Ill.

20. FILED 11-7-31 Ray C. Standen Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 6, 1931 19

22. No Physician in Attendance
I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at 10:30 a.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Coronary Sclerosis
94B
Other contributory causes of importance: 94B

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) Ray C. Standen M.D.
(Address) 11/7/31

