V. S. No. 2

MARGIN RESERVED FOR BINDING

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.

10525

File No.

Registered No. 2589

1. PLACE OF DEATH

County ..... Registration District No. .....

Township ..... Primary Registration District No. .....

City St. Louis Mo. (No. ....., Sanitarium St. ..... Ward)

2. FULL NAME Albert Huse

(a) Residence, No. 3939 N. 22nd St., 13 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 60 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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 15, 1861

7. AGE: YEARS 70 | MONTHS 3 | DAYS 2 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Illinois 2

FATHER

13. NAME: Unknown 10
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Wm. R. Summers 5300 Arsenal

18. BURIAL, CREMATION, OR REMOVAL
PLACE: St John North DATE: March 21, 1932

19. UNDERTAKER (ADDRESS): Hy Leidner Mgr. Co. 1417 N. Market Ste.

20. FILED: MAR 18 1932 19 Max C. Parker Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 17th 1932

22. I HEREBY CERTIFY, That I attended deceased from June 29th, 1931, to March 17th, 1932
I last saw him alive on March 17th, 1932 Death is said to have occurred on the date stated above, at 2:10 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	6-29-31
93C	
162 93C	
Other contributory causes of importance:	
Senile Psychosis	6-29-31+
1	

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

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) Wm. R. Summers, M. D.
(Address) 5300 Arsenal