

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.

30847

1. PLACE OF DEATH

County Registration District No. 791

Township Primary Registration District No. 1003

City St. Louis (No. City Hospital)

10387

2. FULL NAME

(a) Residence, No. 4601 W. Floressant St. Ward 7

(Usual place of abode) (If nonresident, give city or town and State)

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

File No.

Registered No. 8558

St. Ward)

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) July 28-1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 237

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

13. NAME Charles Huska

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Charlotte Parwig

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

17. INFORMANT (ADDRESS) City Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Johns North DATE Sept 24, 1932

19. UNDERTAKER (ADDRESS) By Reidner, 1437 N. Market St.

20. FILE NO. SEP 24 1932 May C. Starke Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 21st, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 19, 1932, to Sept 21st, 1932

I last saw him alive on Sept 21st, 1932 Death is said

to have occurred on the date stated above, at 7.5 P.M.

The principal cause of death and related causes of importance were as follows:

Chr. Myocarditis
930
1118
930
Other contributory causes of importance: Generalized anasarca
Pulmonary edema

Name of operation None Date of operation

What test confirmed diagnosis? Chemical 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? No

If so, specify

(Signed) Maurice A. Dickie, M. D.

(Address) City Hospital

Handwritten signature or mark