

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

Do not use this space.

7157

1. PLACE OF DEATH

County Clayton Registration District No. 790
 Township Central Primary Registration District No. 0033
 City St. Louis (No. 6379, Clayton Rd.) St. _____ Ward _____

2. FULL NAME Charles Husch

(a) Residence, No. 6379 Clayton St. _____ Ward _____
 (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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 26 - 1890

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>42</u>	<u>3</u>	<u>11</u>	

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

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

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) Chicago, Ill.

13. NAME Sam Husch

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

15. MAIDEN NAME Minnie Stumer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria

17. INFORMANT Sam Levin (ADDRESS) 6379 Clayton Blvd.

18. BURIAL, CREMATION, OR REMOVAL, PLACE Mt. Olive Cemetery DATE Feb. 10, 1933

19. UNDERTAKER Hershey Rindshof (ADDRESS) 2716 Delmon Blvd.

20. FILED Feb. 9, 1933 R. W. Sullivan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from NOVA, 1932, to Feb 7, 1933

I last saw him alive on Feb 7, 1933. Death is said to have occurred on the date stated above, at 11:45 a.m.

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

Ca. Liver & Lung
Carcinoma of
Primary Intestine
Metastases Lung, Kidney.

Other contributory causes of importance: 4/10

Name of operation No 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) Benjamin Sherman M. D.
 (Address) Metropolitan Bldg

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.

9/15
6379

MOTHER FATHER

34616

APR