

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

Do not use this space.

30886

PLACE OF DEATH

County St. Louis Registration District No. 1160
 Township Central Primary Registration District No. 4470
 City University (No. 7322, Lulane University City St. _____ Ward)

FULL NAME

Charles Huska
 (a) Residence, No. 7322 Lulane St. _____ Ward. _____
 (Usual place of abode) University City (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yr. mos. ds. How long in U. S., if of foreign birth? yr. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 1 - 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. _____ min.
70 11 17

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

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

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 16

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

13. NAME Went Know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Went Know

15. MAIDEN NAME " "

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

17. INFORMANT A. E. Kersting
 (ADDRESS) 7322 Lulane University City

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Johns Cem. DATE 9/29/33

19. UNDERTAKER Thy. Lechner Und. Co.
 (ADDRESS) 1417 N. Market

20. FILED Sept. 19 1933 Law V. Weller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

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

to have occurred on the date stated above, at 10 _____ m.

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

Suicide: by hanging self with rope, by neck, fixing rope to joint in basement, while standing on step-ladder and after same was secured to the joint and passed around neck, jumped off step-ladder. Was found by son-in-law, A. E. Kersting, at 10 P.M. Sept. 18th.

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 _____

(Signature) John B. Tison
 (Address) 3718 Jennings Rd

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.

OCT 20 1933

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[Handwritten signatures and notes at the bottom of the page, including "John B. Tison" and "3718 Jennings Rd"]

In basement of their home, 7322 Tulane Ave.
St. Louis County, University City.

Sec: Dispondency from reverses and
unemployment.