

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

Do not use this space.

DEC 27 1934

41513

1. PLACE OF DEATH

96 County St. Louis Registration District No. 1123
Township Carondelet Primary Registration District No. 6248B
City Jefferson Barracks (No. Veterans Administration Facility) Registered No. 421
St. _____ Ward _____

2. FULL NAME Edward Huskamp

(a) Residence, No. 4413 Arco Avenue St. _____ Ward. St. Louis Missouri
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred Un yrs. kn mos. wn 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 Margaret Huskamp
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 11, 1895
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
39 4 12

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

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

13. NAME Edward Huskamp

14. BIRTHPLACE (CITY OR TOWN) Unavailable
(STATE OR COUNTRY) Illinois

15. MAIDEN NAME Mary Pluff

16. BIRTHPLACE (CITY OR TOWN) Unavailable
(STATE OR COUNTRY) Illinois

17. INFORMANT E. J. Gallagher, M.D.
(ADDRESS) Vet. Adm. Facility, Jeff. Brks., Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Jefferson Barracks
Not Cremated DATE 12-17-34

19. UNDERTAKER Arthur J. Donnelly
(ADDRESS) 3240 Lincoln Blvd.

20. FILED Dec 15 1934 B. F. Tate per G. Mauer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from September 16, 1934 to December 13, 1934
I last saw him alive on December 13, 1934. Death is said to have occurred on the date stated above, at 11:20 p.m.
The principal cause of death and related causes of importance were as follows:

Nephritis, chr. complicated with uremia. Date of onset Unkn.
12-13-34
Other contributory causes of importance: Hypertension, severe; arteriosclerosis; anemia, symptomatic, severe.

Name of operating physician None Date of physical exam. x-ray and laboratory findings, clinical manifestations.
What test confirmed diagnosis? NO Was there an autopsy? NO

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) W. GIBSON, M.D., Chief Med. Officer
(Address) Vet. Adm. Facility, Jeff. Brks., Mo.

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.

