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.

FEB 11 1936

1. PLACE OF DEATH

County..... Registration District No. 791

Township..... Primary Registration District No. 1003

City St. Louis (No. 4958 Parker Ave. St. ..... Ward)

File No. 3878

Registered No. 1154

2. FULL NAME Arthur R. Huskey

(a) Residence, No. 4958 Parker Ave. 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 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 Mary F. Huskey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 21, 1853

7. AGE: Years 82 | Months 9 | Days 10 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sawyer Shirt Co Aurora Ill

10. Date deceased last worked at this occupation (month and year) Retired 10 yrs

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fayette Illinois

FATHER

13. NAME George Huskey

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

MOTHER

15. MAIDEN NAME Unknown Brown

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

17. INFORMANT Mrs. Mary F. Huskey
(ADDRESS) 4958 Parker Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Carrolton Ill. DATE 2-1 1936

19. UNDERTAKER Kriegshauser Mortuaries
(ADDRESS) 4228 So. Kingshighway

20. FILED JAN 31 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 31, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-27-36, 19..., to 1-31-36, 19...
I last saw him alive on 1-31-36, 19..... Death is said to have occurred on the date stated above, at 1 7 m.
The principal cause of death and related causes of importance were as follows:

Thoracic Results of Chronic Nep. Nefritis 131

Date of onset

Other contributory causes of importance:
No Perforation
General Sclerosis

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) R K Gardner, M. D.
(Address) Clover Bend

168M-5-28-35

Dr Andrews
4932 Maryland

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