

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.

MAR 5-1937

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

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1. PLACE OF DEATH

County ..... Registration District No. **791** File No. **8548**  
Township ..... Primary Registration District No. **1003** Registered No. **2003**  
City **St. Louis** (No. **5300** Cabanne Ave. St. .... Ward)

2. FULL NAME **Elizabeth Huske**

(s) Residence, No. **5300 Cabanne Ave.** St. **5** Ward. (If nonresident, give city or town and State)  
(Usual place of abode)

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 **Female** 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) **Dec. 5 1897**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
**About 39 2 10**

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

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

10. Date deceased last worked at this occupation (month and year) **Dec. 1936.** 11. Total time (years) spent in this occupation **15**

12. BIRTHPLACE (CITY OR TOWN) **Richmond Va.** (STATE OR COUNTRY) **2**

13. NAME **Unknown** **31**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **31**

15. MAIDEN NAME **31**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **31**

17. INFORMANT **Sister Frances** (ADDRESS) **5300 Cabanne Ave**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary** DATE **Feb. 17 1937**

19. UNDERTAKER **Cullen + Kelly** (ADDRESS) **1716 N. Taylor Ave**

20. FILE NO. **FEB 16 1937** **J. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **2-15-37** 19**37**

22. I HEREBY CERTIFY, That I attended deceased from **Jan 10<sup>th</sup> 1937** to **Feb 15<sup>th</sup> 1937**  
Last saw her alive on **Feb 14<sup>th</sup> 1937**. Death is said

to have occurred on the date stated above, at **59** m.  
The principal cause of death and related causes of importance were as follows:

**Metrol Strussis with acute-Flitacion**  
Date of onset **92**

Other contributory causes of importance:

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 **None**  
(Signed) **Loewer Wilson** M. D.  
(Address) **990 Acadia St.**

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