

REC'D SEP 12 1938

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

27568

Do not use this space.

7582

## 1. PLACE OF DEATH

(a) County..... Registration District No. **791**  
 (b) Township..... Primary Registration District No. **1008**  
 (c) City..... (d) Street No. **3016 Lemp Ave**  
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

**ANNA M HUSGEN** **25<sup>th</sup>**  
 (a) Residence, No. **3016 LEMP AVE** St. **24**  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX **FEMALE** 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 **JOSEPH HUSGEN**  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **6-4-1869**  
 7. AGE YEARS **69** MONTHS **20** DAYS **20** If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **AT HOME**  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 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) **ST. CHARLES MO**

FATHER 13. NAME **BERNARD WIEGSCHEIDE**

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

MOTHER 15. MAIDEN NAME **MARY-REITING**

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

17. INFORMANT (ADDRESS) **JOS. HUSGEN 3016 LEMP AVE**

18. BURIAL, CREMATION, OR REMOVAL PLACE **NEW SS. PETER & PAUL** DATE **AUG 27, 1938**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **CEM. S. H. FEBREY HUSCO 2630 GRAVOIS AVE**

20. FILED **AUG 25 1938** **J. F. Bueber** Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug. 24<sup>th</sup> 1938**

22. I HEREBY CERTIFY, That I attended deceased from **May 30<sup>th</sup> 1934** to **August 24<sup>th</sup> 1938**  
 I last saw him alive on **August 24<sup>th</sup> 1938** Death is said to have occurred on the date stated above, at **8:30 PM**  
 The principal cause of death and related causes of importance were as follows:

Date of onset

**Myocarditis chronic**

Other contributory causes of importance:

Name of operation **Hypertrophy** 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? **1**  
 If so, specify \_\_\_\_\_

(Signed) **Dr. Rob. S. Sledge** M. D.  
 (Address) **2124 Russell St. St. Louis Mo**

2124 Rawland  
Do Standard

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, \_\_\_\_\_, or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed Howard J Rawland

Licensed Embalmer No. 3114

P. O. Address Alexis Mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**