13 1939

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40759

Registration District No. DEC 9 - 8 1939

Primary Registration District No. 101

Registrar's No. 1988

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Clayton (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri 1 (b) County St. Louis

(c) City or town Clayton (If outside city or town limits, write "RURAL")

(d) Street No. 7728 Shirley Dr. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Bernard A. Husbands 215

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Wid

6. (b) Name of husband or wife Nannie Husbands

6. (c) Age of husband or wife if alive years

7. Birth date of deceased August 4, 1853. (Month) (Day) (Year)

8. AGE: Years 86 Months 3 Days 8 If less than one day hr. min.

9. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation retired 1

11. Industry or business 1

FATHER
12. Name ?
13. Birthplace Tenn. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Nannie Stevans
15. Birthplace Ky (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Ada Husband

(b) Address 7728 Shirley Dr.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 11/14/39 (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Louis H. Bopp

(b) Address 131 W. Argonne, Kirkwood

19. (a) NOV 13 1939 (Date received local registrar) (b) R. Meyer M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 12th year 1939 hour minute M.

21. I hereby certify that I attended the deceased from Oct 31, 1939, to Nov. 12, 1939; that I last saw him alive on Nov. 11, 1939, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Broncho Pneumonia	13 days
Due to Acute Bronchitis	1 wk.
Due to	
Other conditions — (Include pregnancy within 5 months of death)	
Major findings: Of operations —	
Of autopsy —	

PHYSICIAN — Underline the cause to which death should be charged statistically

10 7a

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence —

(c) Where did injury occur? — (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? — (Specify type of place)

While at work? — (e) Means of injury —

23. Signature Wm J. Langan Jr (M. D. or other) 1

Address 5803 Plymouth av Date signed Nov 12/39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

1 X19511

5803 Plymouth

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 Rolland H Bopp

Licensed Embalmer No. 3042

P. O. Address.....

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

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