

1. PLACE OF DEATH:

(a) County St Louis Mo 1
(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: BARNES HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 days
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Charles Edward Hussman
3. (c) Social Security No. 200
3. (b) If veteran, name war _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Olive Hussman 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased March 21, 1875
(Month) (Day) (Year)

8. AGE: Years 65 Months 1 Days 25 If less than one day hr. _____ min. _____

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

10. Usual occupation Antique Dealer

11. Industry or business Self

MOTHER FATHER { 12. Name Frank Hussman
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Olive Hussman

(b) Address 5330 Pershing

17. (a) Entombment (b) Date thereof 5/18/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Mausoleum

18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 4234 Manchester

19. (c) MAY 17 1940
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 25
(If outside city or town limit: write "RURAL")
(d) Street No. 6 N. 7th St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16
year 1940 hour 5:02 minute _____ A. M.

21. I hereby certify that I attended the deceased from April 27, 1940, to May 16, 1940;
that I last saw him alive on May 16, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneu-
mania unspecified Duration _____

Due to Portal cirrhosis
of Liver

Due to _____

Other conditions 1246
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy Portal cirrhosis PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

(a) Accident, suicide, or homicide (specify) _____

(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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Howard R. Bierman M.D. (M. D. or other)

Address BARNES HOSPITAL Date signed 5-16-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

working under my personal supervision.

..... Registered Apprentice No.....

Signed.....

Henry Eynock

..... Licensed Embalmer No. *1284*

..... P. O. Address *St Louis 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.