

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. 33647
Registrar's No. 834ANOV 16 1940 791
Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

- (a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis Mercantile Hospital
(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 days8. (a) PRINT
FULL NAMEJAMES BERNIE HUSKEY

3. (b) If veteran, _____
name war _____

3. (c) Social Security

No. 488-16-8625

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
(b) Name of husband or wife Edna Huskey 6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased March 2, 1895
(Month) (Day) (Year)

8. AGE: Years 49 Months 57 Days 4 If less than one day _____ hr. _____ min.

9. Birthplace High Ridge, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Auto Mechanic

11. Industry or business

12. Name Christopher L. Huskey
13. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Virginia Anderson
15. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature M. R. Maupers

- (b) Address Debate Mo.

17. (a) Burial (b) Date thereof Oct. 7, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation Debate Mo.

18. (a) Signature of funeral director Donald B. Smith

- (b) Address Debate Mo.

19. (a) OCT 7 1940 (b) _____
(Date received local registrar) (Date received state registrar)

2. USUAL RESIDENCE OF DECEASED:

- (a) State MO (b) County JEFFERSON
(c) City or town De Soto NR
(If outside city or town limits, write "RURAL")
(d) Street No. 1610 No Main
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT day 6
year 1940 hour 3 minute 00 AM

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of Ribs
due to crushed chest cavity
fracturing liver and lungs
when car was
driving left the road and
crushed into a tree about
2:00 PM October 6th 1940 on
Highway #21 about 3 miles
south of De Soto Mo. where
truck was struck by
the light gun approach
(Include pregnancy within 3 months of death)

Major findings: As was checked by
Of operation As was checked by
Of autopsy As was checked by

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

- (a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence October 6, 1940
(c) Where did injury occur? De Soto Missouri
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place

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

28. Signature W. H. Perry (M. D. or other)

Address De Soto Missouri Date signed 10/7/40

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.....

Licensed Embalmer No. 2971

P. O. Address.....

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.