

FILED MAY 7 1942 791

State File No. 3756

Registration District No. 1

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Mo. Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 da. (Specify whether
In this community 10 da. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jefferson
(c) City or town Desoto
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Janet Ruth Huskey

3. (b) If veteran, name war No 3. (c) Social Security No. No

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

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased November 29 1940
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 4 26 hr. min.

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

10. Usual occupation Infant

11. Industry or business

12. Name Victor Huskey

13. Birthplace Desoto Mo
(City, town, or county) (State or foreign country)

14. Maiden name Viola Fern

15. Birthplace Desoto Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Victor Huskey

(b) Address Delate Mo

17. (a) Burial (b) Date thereof April 26 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Desoto

18. (a) Signature of funeral director Lex Mathershead

(b) Address Delate Mo

19. (a) Mo 20 1942 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 24
year 1942 hour 10 minute _____ P. M.

21. I hereby certify that I attended the deceased from 4/16/22
to 4/24/22 19
that I last saw her alive on 4.24.42 19
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration

Septicemia

Due to Empyema

Due to Pneumonia? Bronchitis

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

Major findings: _____

Of operations None

left pleural cavity

Of autopsy refused

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 Hudson Falbath (M. D. or other) D

Address metrop bldg. Date signed 4/25/42

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

MOTHER FATHER

3756

3756

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. 3
working under my personal supervision.

Signed Lee Matherhead

Licensed Embalmer No. 3531

P. O. Address De Soto, 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, fact should be so stated above.