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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 1 1942

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No.

Registrar's No. 10024

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 Days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 9 22
(If outside city or town limits, write "RURAL")

(d) Street No. 1121 Frey Ave
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Clevie Huskey

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife Walter

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

7. Birth date of deceased March 6, 1905 (Month) (Day) (Year)

8. AGE: Years 37 Months 8 Days 22 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Silas Maness

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

MOTHER 14. Maiden name Mary Washburn

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

16. (a) Informant Walter Huskey

(b) Address 1121 Frey Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/1/42 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cem

18. (a) Signature of funeral director A. N. McLaughlin

(b) Address 2301 Lafayette Ave

19. (a) DEC 1 1942 (Date received local registrar) (b) J F Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 28. year 1942 hour 6:00 minute 45 P. M.

21. I hereby certify that I attended the deceased from November 19. 1942 to November 28. 1942 that I last saw her alive on November 28. 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Lobar — Duration

Due to Uremia

Due to Eclampsia

Other conditions 10 days post partum
(Include pregnancy within 3 months of death)

Major findings:
Of operations Lobar
Of autopsy Lung abscess, pneumonia
Eclamptic changes in liver

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 Robert R. Hartman (M. D. or other) M.D.

Address 1515 Lafayette Date signed 11/30/42

(Licensed Embalmer's Statement on Reverse Side)

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 Paul A. Keith

Licensed Embalmer No. 3612

P. O. Address 2317 Lafayette

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.