

No. 2
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5-17-39
X26390

35513

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **9486**

FILED NOV 23 1942 18

Registration District No. _____ Primary Registration District No. **1003**

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:
4720 Margaretta Ave., /
(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: **000**
(a) State **Missouri** (b) County _____
(c) City or town **St. Louis** (If outside city or town limits, write "RURAL") **79**
(d) Street No. **4720 Margaretta Ave.,** (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **HAROLD C. HUSKEY**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **November** day **12th**
year **1942** hour _____ minute _____ M.

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Lela Huskey** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **July 31st. 1880**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Nov 9, 1942** to **Nov 12th, 1942**
that I last saw him alive on **Nov 9, 1942** and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
62 **3** **5** _____ hr. _____ min.

Immediate cause of death **Coronary Occlusion** Duration **1 day**
Due to **Chronic Myocarditis** ?
Due to _____

9. Birthplace **Illinois** (City, town, or county) (State or foreign country)
10. Usual occupation **Drugist**

Other conditions (Include pregnancy within 3 months of death) **43**
Major findings: Of operations _____
Of autopsy _____

11. Industry or business _____
12. Name **Arthur Huskey**
13. Birthplace **Illinois** (City, town, or county) (State or foreign country)
14. Maiden name **Mary Feeney** (City, town, or county) (State or foreign country)
15. Birthplace **Illinois** (City, town, or county) (State or foreign country)

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant **Mrs. Lela Huskey**
(b) Address **4720 Margaretta Ave.,**
17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **11-14-1942** (Month) (Day) (Year)

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? _____

(c) Place: burial or cremation **CARROLLTON, ILL**
18. (a) Signature of funeral director **Sullivan Bros.**
(b) Address **2849 No. Euclid Ave.,**
19. (a) **NOV 13 1942** (Date received local registrar) (b) **J.F. Budeck** (Registrar's signature)

(Specify type of place) _____
While at work? _____ (c) Means of injury _____
23. Signature **H.M. Paeveustetter** (M. D. or other) _____
Address **3903 Olive St.** Date signed **11/12/42**

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

SIDNEY CROVY
Dr. Harry M. Lowenstein
Wall Bldg., 3903 Olive St.
Je. 5600

5:46 PM

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 *Albert Mayfield*

Licensed Embalmer No. *3077*

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, fact should be so stated above.