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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 20 1943

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3585
Registrar's No. 000

Registration District No. 318 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:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 26 Days
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4515 N. 2nd St.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Tillie Huster
(b) If veteran, name war None
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 15
year 1943 hour 12:40 minute P. M.
21. I hereby certify that I attended the deceased from March
21, 1943, to April 15, 1943
that I last saw her alive on April 15, 1943
and that death occurred on the date and hour stated above.

4. Sex Female / 5. Color or race White
6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife Oscar Huster
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased.....
(Month) (Day) (Year)

Immediate cause of death.....
Pulmonary embolism
Due to.....
83
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
About 66 hr. min.
9. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

Physician
Major findings: Heart plaque with
from cholesterol
Of autopsy Neurovascular
Underline the cause to which death should be charged statistically.

10. Usual occupation At home
11. Industry or business.....
12. Name Not known
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name.....
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Oscar Huster
(b) Address 4515 N. 2nd St.
17. (a) Burial (b) Date thereof 4/19/43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Friedens Cemetery
18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave
19. (a) APR 16 1943 J. F. Brudeck
(Date and local Registrar's signature) (Registrar's signature)

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) (Specify type of place)
(e) Means of injury.....
23. Signature Frank J. ... (M. D. or other)
Address 1515 Lafayette Avenue Date signed 4/15/43

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

MOTHER FATHER

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.....

Alfred G Burnley

Licensed Embalmer No.

4202

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, fact should be so stated above.