

FILED AUG 23 1943 318

State File No. \_\_\_\_\_  
Registrar's No. 7407

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

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:  
DePaul 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 days

3. (a) PRINT FULL NAME John Joseph Huss  
3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased March 4 1878  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>5</u>	<u>10</u>	hr. _____ min.

9. Birthplace St. Johns Austria  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

12. Name Michael Huss

13. Birthplace Unknown Austria  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Tyler

15. Birthplace Unknown Austria  
(City, town, or county) (State or foreign country)

16. (a) Informant Genevieve Huss

(b) Address Farmington, Missouri

17. (a) Burial (b) Date thereof 8/14/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Farmington, Missouri

18. (a) Signature of funeral director Albert H. Hoppe, Inc

(b) Address 4700 Washington Blvd.

19. (a) AUG 17 1943 (b) J. F. Bredich  
(Date received local registrar's report) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 94  
(a) State Missouri (b) County St. Francois  
(c) City or town Farmington  
(If outside city or town limits, write "RURAL")  
(d) Street No. Rural Route (If rural, give location) N.R.  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August, day 14  
year 1943 hour 6 minute 05 A.M.  
21. I hereby certify that I attended the deceased from July 12  
1943, to Aug 14, 1943;  
that I last saw him alive on Aug 13, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Carcinoma of stomach with metastases to liver + mesentery  
Due to glaucoma 2 yrs  
Cause unknown

Other conditions  
(Include pregnancy within 3 months of death) None

Major findings:  
Of operations Carcinoma of stomach  
liver + mesentery glaucoma  
Of autopsy \_\_\_\_\_

Duration  
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 W. J. [unclear] (M. D. or other)  
Address 1117 N. Grand Date signed Aug 14/43

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

MOTHER FATHER

2072  
2072

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**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..... *J. Allen Davis Jr.*.....

Licensed Embalmer No..... *4053*.....

P. O. Address..... *City*.....

**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.