No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 16 1948

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 3511

Registration District No. 319 Primary Registration District No. 6076 Registrar's No. 366

96

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Vinita Park
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 8046 Ellerton 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 13 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town Vinita Park
— (If outside city or town limits, write "RURAL")
(d) Street No. 8046 Ellerton
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Herman A. Huser
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 Divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Nov. (Month) 30. (Day) 1879 (Year)

8. AGE: Years 68 Months 2 Days 7 If less than one day ..... hr. ..... min.

9. Birthplace Cottleville (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation Packing House Worker
11. Industry or business
FATHER
12. Name Adam Huser
13. Birthplace (City, town, or county) Germany (State or foreign country) 4
MOTHER
14. Maiden name Margaret Treisch
15. Birthplace (City, town, or county) Germany (State or foreign country) 4
16. (a) Informant Ruth Murray
(b) Address 8046 Ellerton
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 2) 10) 48 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Crematory
18. (a) Signature of funeral director Colliers Funeral Home
(b) Address 10123 St. Charles Rd.
19. (a) 2-9-48 (Date received local registrar) (b) Carl A. Stark MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 7.
year 1948 hour 11 minute 26 A.M.
21. I hereby certify that I attended the deceased from Jan 10-48, 19..., to Feb 7 1948
that I last saw him alive on 2-7 1948
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death | |
| Cerebral Hemorrhage | 1 da |
| Due to | |
| Arterio Sclerosis | 2 yrs |
| Other conditions (Include pregnancy within 3 months of death) 830 | |
| Major findings: Of operations | |
| Of autopsy | |

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Lew J Reitz (M. D. or other) MD
Address 8105 Page Blvd Date signed 2-7-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

MAR 1 '75

FEB 18 1948

## 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 Sheldon Collier

Licensed Embalmer No. 3382

P. O. Address 10123 St. Charles

**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.**