

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 28 1948

Registration District No. 1018

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No.

27846

7209

Registrar's No.

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis
(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 24 days
(Specify whether
In this community 25 yrs.
years, months or days)

3. (a) PRINT FULL NAME Margaret Huskey

3. (b) If veteran, name war..... 3. (c) Social Security No.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife George Huskey 6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased NOV 16 - 1905
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
42 8 26 hr. min.

9. Birthplace DE SOTO MO U
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business.....

12. Name JOHN ROGERS
13. Birthplace MO U
(City, town, or county) (State or foreign country)
14. Maiden name FANNIE UNKNOWN
15. Birthplace MO U
(City, town, or county) (State or foreign country)

16. (a) Informant GEORGE HUSKEY

(b) Address 1504 MENARD

17. (a) BURIAL (b) Date thereof 8-14-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MEMORIAL PARK

18. (a) Signature of funeral director E. J. SCHUR
(b) Address 3125 JEFFERETTE
19. (a) AUG 17 1948 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County MOU
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 1604 MENARD
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 11
year 1948 hour 8 minute 10 P.M.

21. I hereby certify that I attended the deceased from July 13 to Aug 11, 1948
that I last saw her alive on Aug 11, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Cervix
Pelvic abscess. Duration Not known
6 wks

Due to.....
Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy Cervix - Pelvic abscess
Intestine Spleen Kidneys Lungs

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) Means of injury.....

23. Signature M. M. Wallace (M. D. or other)
Address 1515 Lafayette Date signed 8/14/48

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

MOTHER, FATHER

62002

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.....

Joe B. Villaver

Licensed Embalmer No.....

4014

P. O. Address.....

St. Louis

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.