No. 300
10-48

FILED AUG 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25739

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2787

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS 4800
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lemay, Mo.
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2760 Hawson Dr.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lemay 4860
d. STREET ADDRESS (If rural, give location): 2760 Hawson Dr. D

3. NAME OF DECEASED (Type or Print): a. (First) Lena b. (Middle) c. (Last) Hussmann
4. DATE OF DEATH (Month) (Day) (Year): July 29, 1951
5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Feb.22,1876
9. AGE (In years last birthday): 75 | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): St. Louis 0
12. CITIZEN OF WHAT COUNTRY?:
13a. FATHER'S NAME: Henry Ahrens
13b. MOTHER'S MAIDEN NAME: Catherine Hoffmann
14. NAME OF HUSBAND OR WIFE: Wm. Hussmann
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: no
17. INFORMANT'S SIGNATURE OR NAME: Mabel Hussmann ADDRESS: 2760 Hawson, Lemay, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c).

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cause unknown Pending — INTERVAL BETWEEN ONSET AND DEATH: unk

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. 7955

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at* 330a. *m., from the causes and on the date stated above.*

23a. SIGNATURE: Herbert R. Clouse (Degree or title)
23b. ADDRESS:
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-1-51
24c. NAME OF CEMETERY OR CREMATORY: Sunset Burial Park
24d. LOCATION (City, town, or county) (State): St. Louis County, Mo.

DATE REC'D BY LOCAL REG.: 7/30/51
REGISTRAR'S SIGNATURE: Herbert R. Dempster M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: Southern Funeral Home ADDRESS: 3322 S. Grand Blvd.

(Licensed Embalmer — Statement on Reverse Side)

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

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 .....

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Gustav W Dietrich

Licensed Embalmer No. 4329

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.