No. 300
10.48

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

FILED MAR 5 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6491

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1450

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis, Missouri
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): St. Louis City Hospital #1

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): St. Louis 2239
d. STREET ADDRESS (If rural, give location): 2841 St. Vincent 23

3. NAME OF DECEASED (Type or Print)
a. (First): JOHN
b. (Middle):
c. (Last): HUSTEDT

4. DATE OF DEATH (Month): FEB. (Day): 13, (Year): 1952

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: Aug. 4, 1880
9. AGE (In years last birthday): 71
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): BREWER
10b. KIND OF BUSINESS OR INDUSTRY: RETIRED
11. BIRTHPLACE (State or foreign country): GERMANY
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: FRED HUSTEDT
13b. MOTHER'S MAIDEN NAME: LENA WALTER
14. NAME OF HUSBAND OR WIFE: ANNA HUSTEDT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 324-03-3279
17. INFORMANT'S SIGNATURE OR NAME: ANNA Hustedt
ADDRESS: 2841 St. VINCENT

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral vascular accident — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive cardiovascular disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Bronchopneumonia, Dehydration

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? HH3X

22. *I hereby certify that I attended the deceased from* 2-11-52, 19____, *to* 2-13-52, 19____, *that I last saw the deceased alive on* 2-13-52, 19____, *and that death occurred at* 9:50P *m., from the causes and on the date stated above.*

23a. SIGNATURE: H. L. Meyer (Degree or title): MD
23b. ADDRESS: 1515 Lafayette Avenue
23c. DATE SIGNED: 2-14-52

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: 2-18-52
24c. NAME OF CEMETERY OR CREMATORY: Mt. Hope
24d. LOCATION (City, town, or county): St. Louis Co. (State): Mo.

DATE REC'D BY LOCAL REG.: FEB 15 1952
REGISTRAR'S SIGNATURE: Karl Smith MD
MJB
25. FUNERAL DIRECTOR'S SIGNATURE: McLAUGHLIN FUNERAL HOME, INC.
ADDRESS: 2301 LAFAYETTE AVE.

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed H. G. Farris

Signed.....
Student Embalmer

Licensed Embalmer No. 3384

P. O. Address 230 Lafayette

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.