

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10135

FILED MAR 22 1952

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1725**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2169	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4058 Fairview Ave.		d. STREET ADDRESS (If rural, give location) 4058 Fairview Ave.	

3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) JOHN	b. (Middle) L.	c. (Last) HUSSEY	(Month) (Day) (Year) Feb. 22 1952

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 2, 1879	9. AGE (In years last birthday)	10. UNDER 1 YEAR Months	11. UNDER 12 HRS. Hours	12. CITIZEN OF WHAT COUNTRY?
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) (Retired) General Yardmaster-N.Y.C.R.R. Cincinnati, Ohio	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Cincinnati, Ohio	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME John Hussey	13b. MOTHER'S MAIDEN NAME Julia Connors	14. NAME OF HUSBAND OR WIFE Lula M. Hussey
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Lula M. Hussey	ADDRESS 4058 Fairview Ave.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		MEDICAL CERTIFICATION Coronary Thrombosis Diabetes Mellitus None	INTERVAL BETWEEN ONSET AND DEATH 1 hour 3 years
	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.				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION None	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 2nd floor
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22. I hereby certify that I attended the deceased from **February 2, 1952**, to **February 22, 1952**, that I last saw the deceased alive on **February 23, 1952**, and that death occurred at **12:45 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Julius E. Keller	(Degree or title) M.D.	23b. ADDRESS 2603 Lechman St.	23c. DATE SIGNED 2/22/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Feb. 25, 1952	24c. NAME OF CEMETERY OR CREMATORY Resurrection Cem.	24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.
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DATE REC'D BY LOCAL REG. FEB 25 1952	REGISTRAR'S SIGNATURE Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser	ADDRESS 4228 S. Kingshighway Bl.
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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 *Edwin A M Bennett*
Licensed Embalmer No. *3024*

P. O. Address _____

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.