

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15791**

MAY 26 1952

BIRTH NO. _____ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **L-47**

1. PLACE OF DEATH a. COUNTY CAPE GIRARDEAU		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE ILLINOIS b. COUNTY RANDOLPH	
b. CITY (If outside corporate limits, write RURAL and give township) CAPE GIRARDEAU		c. CITY (If outside corporate limits, write RURAL and give township) CHESTER 8120	
c. LENGTH OF STAY (in this place) 2 DAYS		d. STREET ADDRESS (If rural, give location) NONE	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. FRANCIS HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) ALBERT	b. (Middle) G.	c. (Last) HUSKEY	4. DATE OF DEATH (Month) (Day) (Year) MAY 18, 1952
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JULY 1, 1885	9. AGE (In years last birthday) 66	10. IF UNDER 1 YEAR Months 10 Days 17	11. IF UNDER 100 Hrs. Hours — Min. —
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SUPERVISOR SHOEWORKER	10b. KIND OF BUSINESS OR INDUSTRY SHOE FACTORY	11. BIRTHPLACE (State or foreign country) DESOTO MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME GEORGE HUSKEY	13b. MOTHER'S MAIDEN NAME JEANETTE WIELMAN	14. NAME OF HUSBAND OR WIFE GERTRUDE HUSKEY
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) NONE 489-01-1983	17. INFORMANT'S SIGNATURE OR NAME (Print name and address) Alberta Mergel
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 4 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) (Pass) Bronchogenic Carcinoma (Pass) Bronchiectasis DUE TO (c)		6 mo
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.) None	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 162X
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) —	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? —
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22. I hereby certify that I attended the deceased from **May 16, 1952**, to **May 18, 1952**, that I last saw the deceased alive on **May 18, 1952**, and that death occurred at **10:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Haveland Ridings M.D.	23b. ADDRESS Cape Girardeau Mo. 1858 Broadway	23c. DATE SIGNED 5-19-52
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24a. BURIAL CREMATION REMOVAL (Specify) BURIAL	24b. DATE MAY 21, 1952	24c. NAME OF CEMETERY OR CREMATORY EVERGREEN	24d. LOCATION (City, town, or county) (State) CHESTER, ILL.
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DATE REC'D BY LOCAL REG. 5-19-52	REGISTRAR'S SIGNATURE W. C. Summers	44-0	25. FUNERAL DIRECTOR'S SIGNATURE Oscar G. Schroeder	ADDRESS CHESTER, ILL.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

D-3. 2652
064

JUN 6 1953

MAY 26 1953

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 Oscar B. Schroeder

Licensed Embalmer No. 1751

P. O. Address CHESTER, ILL.

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.