

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22154**
REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5791**

FILED JUL 2 - 1952

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY	
b. CITY OR TOWN ST LOUIS		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION ALEXIAN BROS HOSPITAL		c. CITY OR TOWN ST LOUIS 2239	
3. NAME OF DECEASED (Type or Print) WILLIAM F HUSTEDDE		d. STREET ADDRESS (If rural, give location) 23 2007 ALLEN AVE	
a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) 6 18 52
5. SEX 0 MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH APRIL 1 1873
9. AGE (In years last birthday) 79		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER CONTR	11. BIRTHPLACE (City and State or Foreign Country) GERMANTOWN IL
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER CONTR		10b. KIND OF BUSINESS OR INDUSTRY OWN BUSINESS	12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME FRANK HUSTEDDE		13b. MOTHER'S MAIDEN NAME BERNADINE TIMMERMANN	14. NAME OF HUSBAND OR WIFE ANN HUSTEDDE
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. NONE	17. INFORMANT'S SIGNATURE OR NAME Ann Hustedde ADDRESS 2007 Allen Ave
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.			
MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular			about 2 weeks
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis			years
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		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 334X	
22. I hereby certify that I attended the deceased from June 4, 1952 , to June 18, 1952 , that I last saw the deceased alive on June 18, 1952 , and that death occurred at 12:10 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE Wm. H. ... M.D. (Degree or title)		23b. ADDRESS 3606 Francis	23c. DATE SIGNED 6/20/52
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JUNE 21-1952	24c. NAME OF CEMETERY OR CREMATORY ST PETER + PAUL CEM ST LOUIS	24d. LOCATION (City, town, or county) (State) MO
DATE REC'D BY LOCAL REG. JUN 23 1952	REGISTRAR'S SIGNATURE Robert L. ...	25. FUNERAL DIRECTOR'S SIGNATURE Robert L. ... ADDRESS 1905 S Grand	

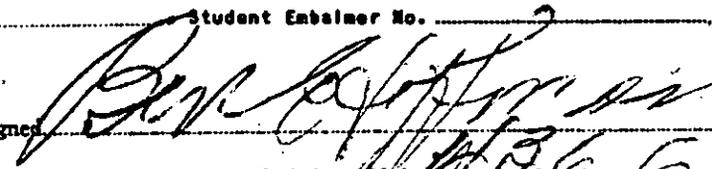
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STATEMENT BY LICENSED EMBALMER

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
Student Embalmer

Signed 

Student Embalmer No. _____

Licensed Embalmer No. 1038

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.