

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40326**  
REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **9993**

FILED NOV 19 1952

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If last location, residence before admission.) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>9 weeks</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>DePaul</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Flordel Hills</b>	
3. NAME OF DECEASED s. (First) <b>EMILY</b> b. (Middle) <b>R</b> c. (Last) <b>HUSS</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 28, 1952</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Apr. 22, 1881</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House wife</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) <b>71</b> <small>IF UNDER 1 YEAR Months Days Hours Min.</small> <b>71 6 6</b>
11a. BIRTHPLACE (City and State or Foreign Country) <b>Highland, Ill.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Jacob Widmer</b>		13b. MOTHER'S MAIDEN NAME <b>Rose Walters</b>	14. NAME OF HUSBAND OR WIFE <b>William J. Huss</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mr. William J. Huss</b> ADDRESS <b>7028 Glenboro</b>
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiac arrhythmia, result of disease</b> ANTECEDENT CAUSES DUE TO (b) <b>Arteriosclerosis</b> DUE TO (c) <b>Unknown</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Gangrene left leg</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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?	<b>446X</b>
22. I hereby certify that I attended the deceased from <b>Aug 21, 1952</b> , to <b>Oct 28, 1952</b> , that I last saw the deceased alive on <b>Oct 27, 1952</b> , and that death occurred at <b>4:35 a.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Name and title) <b>Reumerman MD</b>		23b. ADDRESS <b>1117 N Grand</b>	23c. DATE SIGNED <b>Oct 30/52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>Oct 31 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>
DATE REC'D BY LOCAL REG. <b>OCT 30 1952</b>	REGISTRAR'S SIGNATURE <b>J. Carl Smith MD</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>4746</b> ADDRESS <b>Bromschwig and Son W Florissant</b>	

*Copy of Home  
1117 3/10/1918*

**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 *Fred J. Ganner*

Licensed Embalmer No. *4788*

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.