No. 300
10-48

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

FILED OCT 23 1953

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

State File No. 37294

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9781

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

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY
c. CITY OR TOWN: St. Louis
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 4118a Potomac St.

16 2769 0

**3. NAME OF DECEASED** (Type or Print)
a. (First): HARRY
b. (Middle): W.
c. (Last): HUSS

**4. DATE OF DEATH** (Month) (Day) (Year): Oct. 10 1953

**5. SEX**: Male 1

**6. COLOR OR RACE**: White

**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married

**8. DATE OF BIRTH**: Dec. 23, 1904

**9. AGE** (In years last birthday): 48
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): District Organizer
**10b. KIND OF BUSINESS OR INDUSTRY**: Int. Ass'n. of Machinist

**11. BIRTHPLACE** (City and State or Foreign Country): St. Louis, Mo. 0

**12. CITIZEN OF WHAT COUNTRY?**

**13a. FATHER'S NAME**: William Huss
**13b. MOTHER'S MAIDEN NAME**: Bertie Bly Huss
**14. NAME OF HUSBAND OR WIFE**: LaVerne Huss

**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.**: 488-10-2187

**17. INFORMANT'S SIGNATURE OR NAME**: LaVerne Huss
**ADDRESS**: 4118a Potomac St.

**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) Arteriosclerotic heart disease — 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) (Coronary occlusion) — 10 min
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 ☐ 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?**

4200

22. *I hereby certify that I attended the deceased from* Nov 29, 1949, *to* 10/10, 1953, *that I last saw the deceased alive on* Sept 29, 1953 *and that death occurred at* 9:00P *m., from the causes and on the date stated above.*

**23a. SIGNATURE**: Charles Jeffaris MD (Degree or title)
**23b. ADDRESS**: 5298a Page
**23c. DATE SIGNED**: 10/13/53

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Removal (Mtr)
**24b. DATE**: Oct. 14, 1953
**24c. NAME OF CEMETERY OR CREMATORY**: Oakwood Cemetery
**24d. LOCATION** (City, town, or county) (State): Mt. Vernon, Ill.

DATE REC'D BY LOCAL REG.: OCT 13 1953
REGISTRAR'S SIGNATURE: J Carl Smith MD
MJB
**25. FUNERAL DIRECTOR'S SIGNATURE**: Kriegshauser
**ADDRESS**: 4228 S. Kingshighway Bl.
(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 embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed William B. Abbott

Licensed Embalmer No. 4291

P. O. Address 4228 Wilmington

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failu to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.