

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14182

State File No.

FILED APR 27 1955

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 344 Registrar's No. 894

1. PLACE OF DEATH a. COUNTY St. Louis,		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri. b. COUNTY St. Louis,	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Kirkwood)		c. CITY OR TOWN Kirkwood, <u>4678</u>	
c. LENGTH OF STAY (in this place) 2 Yrs.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1031 Sylvan Place,		STREET ADDRESS (If rural, give location) 1031 Sylvan Place,	

3. NAME OF DECEASED (Type or Print) Peter	a. (First)	b. (Middle) A.	c. (Last) Husser,	4. DATE OF DEATH April 16, 1955
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5. SEX Male.	6. COLOR OR RACE White,	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married,	8. DATE OF BIRTH November 20, 1892	9. AGE (in years last birthday) 62	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chief Clerk-Supply Dept. Missouri Pacific	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) R, R, St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Anselm Husser,	13b. MOTHER'S MAIDEN NAME Elizabeth Graber,	14. NAME OF HUSBAND OR WIFE Theresa M. Husser,
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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. None	17. INFORMANT'S SIGNATURE OR NAME Theresa M. Husser, ADDRESS 1031 Sylvan Pl., Kirkwood, Mo.
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction		3 hrs.
	ANTECEDENT CAUSES DUE TO (b) Coronary thrombosis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Hypertensive Heart Disease		3 years.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) 4201 (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?
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22. I hereby certify that I attended the deceased from **April 16, 1955**, to **April 16, 1955**, that I last saw the deceased alive on **4-16-55**, 19___, and that death occurred at **10:00P m.**, from the causes and on the date stated above.

23a. SIGNATURE Louis C. Hyatt M.D. (Degree or title)	23b. ADDRESS 134 W. Adams, Kirkwood	23c. DATE SIGNED 4-18-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 4/20/55	24c. NAME OF CEMETERY OR CREMATORY SS. Peter & Paul Cemetery, St. Louis, Mo.	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. 4/18/55	REGISTRAR'S SIGNATURE Hebe K. Lamb M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Debken-Benz Mortuary, ADDRESS 2842 Meramec St., St. Louis, 18, Mo.
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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 me....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Joe S. Benz

Licensed Embalmer No. 4246

P. O. Address 2842 Meva

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.