

No. 300
10.48

FILED SEP 8 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27814

State File No.

7311

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	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 Pronounced dead Hospital #2		STREET ADDRESS (If rural, give location) 639 Harris	

3. NAME OF DECEASED (Type or Print) a. (First) Herman b. (Middle) Harold c. (Last) Huskey			4. DATE OF DEATH (Month) (Day) (Year) Aug. 19, 1955			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH May 1, 1919	9. AGE (In years last birthday) 36	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) Painter-sign		10b. KIND OF BUSINESS OR INDUSTRY Self	11. BIRTHPLACE (City and State or Foreign Country) Illinois		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME James Huskey	13b. MOTHER'S MAIDEN NAME Caroline Ehlers	14. NAME OF HUSBAND OR WIFE
--	--	-----------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War Two	16. SOCIAL SECURITY NO. 490-14-8468	17. INFORMANT'S SIGNATURE OR NAME Caroline Sonoff-5243A Thrush ADDRESS
---	--	---

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Subdural hemorrhage & Brain contusion; secondary to fracture of skull		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSE (b) suffered when operated by one Coy Roberts in which deceased was a passenger was struck by car operated by one Dale Nuckolls at intersection of Red Bud and Prescott Avee, about 5:17 P.M. Aug 19th 1955. CRIMINAL CARELESSNESS ON THE PART OF Dale Nuckolls. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c)		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street	21c. (CITY, TOWN, OR TOWNSHIP) St. Louis Mo (COUNTY) (STATE)
21d. TIME (Month) (Day) (Year) (Hour) (Minute) Aug 19 55 5:17 p.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>
21f. HOW DID INJURY OCCUR? E 8 16.4	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____, _____, _____, from the causes and on the date stated above.

23a. SIGNATURE Patrist E. Taylor Carauer (I agree or title)	23b. ADDRESS 1300 Clark	23c. DATE SIGNED 8.22.55.
--	--------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug. 23, 1955	24c. NAME OF CEMETERY OR CREMATORY National Cemetery	24d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.
---	--------------------------------	---	--

DATE REC'D BY LOCAL REG. AUG 22 1955	REGISTRAR'S SIGNATURE Carl Smith Mo	25. FUNERAL DIRECTOR'S SIGNATURE Meyer-Pfitzinger, 331 S. Kirkwood Rd. ADDRESS Kirkwood, Mo.
---	--	--

(Licensed Embalmer's Statement on Reverse Side)

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

3

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.....
Signature of Student Embalmer

Signed *William H. Peterson*

Licensed Embalmer No. *431*

P. O. Address *Kirkwood*

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.