

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022974

STATE FILE NUMBER

FILED JUN 16 1958

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 139

Health, Welfare & Public Service
300
1-56
All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY St. Charles		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Charles		c. CITY OR TOWN St. Charles		d. STREET ADDRESS 100+ Madison St.	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Charles		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Charles		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 100+ Madison St.				Length of stay in 1b		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH		5. AGE (In years last birthday)	
First George Middle H. Last Huster				Month May Day 26 Year 1958		70	
5. SEX	6. COLOR OR RACE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	
Male	White	WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	July 11, 1887	70	Months 10 Days 15 Hours Min. 		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country)		12. CITIZEN OF WHAT COUNTRY?	
ACF Industry			MFG.	St. Charles, Mo.		USA	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
Fritz Huster				Elise Hesskamp			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.	17. INFORMANT Address			
NO			497-07-9383	Mrs. Marie Huster, St. Charles, Mo.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]						INTERVAL BETWEEN ONSET AND DEATH	
PART I. DEATH WAS CAUSED BY:						15 yrs.	
IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease							
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							
DUE TO (b) _____							
DUE TO (c) _____						4200	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
Benign Prostatic Hypertrophy						3 yrs.	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour _____ Month _____ Day _____ a. m. _____ p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
				St. Charles, Mo.			
21. I attended the deceased from July, 1955 to 5/26/58 and last saw ^{her} alive on May 26, '58							
Death occurred at 12:45 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Paul N. Rothen MD (Degree or title)				22b. ADDRESS 114 N. Main St. St. Charles, Mo.		22c. DATE SIGNED 5/28/58	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
Burial		May 29, 1958		Lutheran Cemetery		St. Charles, Mo.	
24. FUNERAL DIRECTOR ADDRESS				25. DATE RECD. BY LOCAL REG.		26. REGISTRAR'S SIGNATURE	
Arthur C. Bove Funeral Home				MAY 30 58		Narcolla Wilson	

540

Statement on Reverse Side) NO PERM.?

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. 55 working under my personal supervision.

Student David C. Bann
Signature of Student Embalmer

Signed David C. Bann

Licensed Embalmer No. 313

P. O. Address H. Ch...

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.