

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-003099
STATE FILE NUMBER
2 660
Registrar's No.

FILED FEB 10 1959

Registration District No. _____ Primary Registration District No. _____

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1-57

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|--|---------------------------|---|--|--|---|
| 1. PLACE OF DEATH a. COUNTY | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY ST. LOUIS | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN BELLEFONTAINE NEIGHBORS | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DEACONESS HOSPITAL | | Length of stay in lb 52 YR | d. STREET ADDRESS (If outside, give location) 8260 GLEN ECHO DR. | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First ESTHER Middle B. Last HUSMANN | | | 4. DATE OF DEATH Month JAN Day 19 Year 1959 | | |
| 5. SEX FEMALE | 6. COLOR OR RACE WHITE | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED. WIDOWED <input type="checkbox"/> / DIVORCED. | 8. DATE OF BIRTH OCT 27, 1906 | | 9. AGE (In years last birthday) 52 yr |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) ST. LOUIS MISSOURI | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 13a. FATHER'S NAME AUGUST STEAPELMUELLER | | 13b. MOTHER'S MAIDEN NAME LOUISE RUETER | | 14. NAME OF HUSBAND OR WIFE ARTHUR C. HUSMANN | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO | | 16. SOCIAL SECURITY NO. NONE | 17. INFORMANT ARTHUR C. HUSMANN Address 8260 GLEN ECHO DR. | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Strenia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Polycystic Kidneys</u> DUE TO (c) <u>757.1</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>1 month</u> <u>7 yrs.</u> |
| 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, Year _____ a.m. _____ p.m. | | | | | |
| 20d. INJURY OCCURRED WHILE AT <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 |
| 21. I attended the deceased from <u>11/13/47</u> to <u>1-19-59</u> and last saw her alive on <u>1-18-59</u> Death occurred at <u>3:20 am</u> on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE <u>Bert A. Klein</u> (Degree or title) | | | 22b. ADDRESS <u>2632 S Kings Highway</u> | | 22c. DATE SIGNED <u>1/19/59</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL | | 23b. DATE JAN 22 1959 | 23c. NAME OF CEMETERY OR CREMATORY BETHLEHEM CEMETERY | | 23d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY MISSOURI |
| 24. FUNERAL DIRECTOR BEIDERWIEDEN F.H. INC., 1936 ST. LOUIS AVE | | | 25. DATE RECD. BY LOCAL REG. JAN 20 59 | | 26. REGISTRAR'S SIGNATURE <u>Carl Smith MD</u> mjb |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Former W. Fritz*

Licensed Embalmer No. *3882*.....
P. O. Address... *St. Louis*.....

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.