

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH JUL 12 1935

County.....

Registration District No.....

**791  
1003**

File No.....

21417

Registered No.....

**5356**

Township.....

Primary Registration District No.....

City.....

(No. 6114 Idaho)

St.....

Ward.....

2. FULL NAME Bernard Huelsmann

(a) Residence, No. 6114 Idaho St. 1 Ward.....

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Huelsmann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 7 - 1882

7. AGE YEARS 53 MONTHS 5 DAYS 14 If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.....  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.....  
10. Date deceased last worked at this occupation (month and year).....  
11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

17. INFORMANT Mary Huelsmann (ADDRESS) 6114 Idaho

18. BURIAL, CREMATION, OR REMOVAL PLACE St Hope Cem DATE 6/24/35

19. UNDERTAKER Arthur W. Long Co (ADDRESS) 6320 Grand

20. FILED JUL 21 1935 J. Bredeck Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 11, 1935 to June 18, 1935.

I last saw him alive on June 18, 1935. Death is said to have occurred on the date stated above, at 5 m.

The principal cause of death and related causes of importance were as follows:

Myocarditis chronic

Date of onset

Other contributory causes of importance:

Hypertensive  
Syphilis

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) A. Hayden, M. D.

(Address) 5899 Delmar

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

