

REC'D JUL 12 1938

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

20381
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
4
 (b) Township Primary Registration District No. **1003**
 (c) City **St. Louis Mo** (d) Street No. **4065 Pleasant** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **SUSANNA HUERTGEN. (SUSANNA HUERTGEN)**

(a) Residence, No. **4065 Pleasant** St. **17** Registered No. **5520**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Henry Huertgen**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 28 1853**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
85 0 19

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. **Housewife**
 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) **Germany** **6**

FATHER 13. NAME **Unknown** **9**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown** **9**

MOTHER 15. MAIDEN NAME **Unknown**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT (ADDRESS) **Pattie Shively**
4065 Pleasant St.

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Peter's** DATE **Jun 18 1938**

19. FUNERAL DIRECTOR (ADDRESS) **John H. Shively**
4555 Washington St.

20. FILED **JUN 18 1938** **J. D. Brebeck** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 16 1938**

22. I HEREBY CERTIFY, That I attended deceased from **March 22 1938** to **June 16 1938**
 I last saw him alive on **June 16 1938** Death is said to have occurred on the date stated above, at **11 P. m.**
 The principal cause of death and related causes of importance were as follows:

Myocarditis
acute exacerbation of a
chronic myocarditis
 Date of onset **3-12-38**

Other contributory causes of importance:
General senility

Name of operation **none** Date of _____
 What test confirmed diagnosis? **Clinical** Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? **none** 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? **no**
 If so, specify _____
 (Signed) **W. H. Clether**, M. D.
 (Address) **906 Carlston Bldg**

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.

Mr. W. H. Clithero
905 Lehigh St.

RECEIVED
MAY 3 1900

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
L. E. _____
No. _____ or by _____ Registered Apprentice No. _____
working under my personal supervision.

Signed *Thomas R. Fenwick*
Licensed Embalmer No. *3783*

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.)

St. Louis, Mo.