

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Lutheran Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
In this community Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME George Francis Huelsmann Jr.

3. (b) If veteran, name war --- 3. (c) Social Security No. 493-07-4346

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Evelyn 6. (c) Age of husband or wife if alive 23 years

7. Birth date of deceased November 4, 1915
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	24	3	14	hr. _____ min. _____

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Refinery Dept.

11. Industry or business Busch Brewery

12. Name Geo. W. Huelsmann

13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Denke

15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature _____

(b) Address 3827 Minnesota Ave.

17. (a) Burial (b) Date thereof 2/22/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation N.S.S. Peter & Paul

18. (a) Signature of funeral director Wacker-Waldale

(b) Address 2331 S. Broadway

19. (a) FEB 20 1940 (b) J. J. [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 24
(If outside city or town limits, write "RURAL")
(d) Street No. 3827 Minnesota
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 18
year 1940 hour 11 minute 00 p. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Burns of
2nd and 3rd Degree

Due to Back Throat neck and
face as a result of
being scalded by
Glucose Tank Boiling over

Other conditions at Ambrose
Mealy Co. about 6:00 pm

Major findings: Feb - 15 - 1940
Of operations _____

Of autopsy Accident

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence 2/15/40

(c) Where did injury occur? St. Louis mo
(City or town) (County) (State)

(d) Did injury occur in or about home, or farm, in industrial place, in public place?

Industry
While at work? (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M. D. or other)

Address [Signature] Date signed _____

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically

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.

FILED MAR 19 1940

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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 this body is not embalmed, above space should be left blank.