S. No. 2
M—5-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 9, 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12930

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. ~~3938~~ 000 17 916

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Anthony's Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)

In this community Life,

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")

(d) Street No. 4125 Humphrey
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Rev. ~~Wm.~~ William H. Huelsmann

3. (b) If veteran, name war No

3. (c) Social Security No. None

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

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Jan 27, 1884 (Month) (Day) (Year)

8. AGE: Years 60 Months 2 Days 28 If less than one day hr. min.

9. Birthplace St. Louis, Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation Catholic Priest

11. Industry or business

FATHER
12. Name Henry Huelsmann
13. Birthplace Germany 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Maria Von Wehinger
15. Birthplace Germany 4 (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Ratermann
(b) Address 1943 St. Louis

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/28/44 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Oscar J. Hoffmeister
(b) Address 4016 Chippewa

19. (a) APR 27 1944 (Date received local registrar) J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 26th day April year 1944 hour 7:30 minute P. M.

21. I hereby certify that I attended the deceased from April 23rd, 1944, to April 26th, 1944 that I last saw him alive on April 26th, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	3 days.
Due to Chronic Myocardial Disease and Arteriosclerosis	
Due to Sclerosis	2 years.
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature Paul B. Webb (M. D. or other) M. D.
Address 1915 Sidney St. Date signed 4/27/44.

(Licensed Embalmer's Statement on Reverse Side)

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 John Ogonoski

Licensed Embalmer No. 3398

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, fact should be so stated above.