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

Do not use this space.

19640

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 5246

City St. Louis Mo (No. Barnard Skin & Cancer Hospt St. ..... Ward)

2. FULL NAME Max Huhle

(a) Residence. No. 3400 So. Grand St., 16 Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U.S., if of foreign birth? 63 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
66	1863	not	known	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Electrician
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) Germany

PARENTS

10. NAME OF FATHER Carl Huhle

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) AMERICA ~~Germany~~

12. MAIDEN NAME OF MOTHER Amelia Kingrlman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ~~Ge~~ (STATE OR COUNTRY) Germany

14. INFORMANT Elizabeth Huhle
(Address) 4653 Cecil Pl.

15. FILED MAY 16, 1929 Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 10th 1929

17. I HEREBY CERTIFY, That I attended deceased from May 4th, 1929, to May 10th, 1929 that I last saw him alive on May 10th, 1929, and that death occurred, on the date stated above, at 9 30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis - Chronic

(duration) ? yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Streptococcus Cellulitis of Leg cause unknown (duration) yrs. mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Richard S. Weiss, M. D

5/10, 1929 (Address) Beaumont Bldg St. Louis, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL New St Marcus — DATE OF BURIAL May 11 1929

20. UNDERTAKER Ziegenhein Bros. — ADDRESS 2623 Cherokee

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.