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.

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

Do not use this space.

6839

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1603

City St. Louis (No. 1212a S. 7th St. ..... Ward)

File No. .....

Registered No. 1676

2. FULL NAME Henry Otto Hurlebaus

(a) Residence. No. 1212a S 7th St., 22 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	white	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 18 1872

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	57	2	28	

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

9. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER John P. Hurlebaus

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

12. MAIDEN NAME OF MOTHER Anna Westerman

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

14. INFORMANT Robert Edw. Hurlebaus
(Address) 1212 So 7 St.

15. FEB 17 1930 Max C. Starkey
FILED ....., 19.... REGISTRAR

4

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 16. 1930

17. I HEREBY CERTIFY, That I attended deceased from JAN. 4th, 1930, to FEB. 16th, 1930 that I last saw him alive on FEB 15th, 1930, and that death occurred, on the date stated above, at 7 30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

CHRONIC MYOCARDITIS + ACUTE DILATATION

(duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY) BRONCHO-PNEUMONIA (INFLUENZAL) (duration) — yrs. 1 mos. 15 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH X
DID AN OPERATION PRECEDE DEATH? No DATE OF X
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? X

(Signed) Walter E. Frank, M. D.
2-17, 1930 (Address) 1405 S. Broadway

*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	DATE OF BURIAL
Lake Charles	2-18 1930

20. UNDERTAKER	ADDRESS
Witt Bros L & U Co. 2929	Jefferson Av

for Theo.