

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

Do not use this space.

17788

**1. PLACE OF DEATH**

County.....

Registration District No. **791**  
**1003**

Township.....

Primary Registration District No.....

City **St. Louis**

(No. **St. John's Hospital**)

File No.....

Registered No. **4890**

St..... Ward.....

**2. FULL NAME** Julius Huegely

(a) Residence. No..... St., 12 Ward.....

Nashville, Illinois

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 21 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Mar. 27, 1870.**

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
	60	1	19	

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

9. BIRTHPLACE (CITY OR TOWN) **Nashville,**  
(STATE OR COUNTRY) **Illinois**

10. NAME OF FATHER **John Huegely**

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

12. MAIDEN NAME OF MOTHER **Susan Reither**

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

14. INFORMANT Wallace Huegely  
(Address) **Nashville, Illinois**

15. FILED **MAY 19 1930** Max C. Parker  
REGISTRAR

**3 MEDICAL CERTIFICATE OF DEATH**

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

17. I HEREBY CERTIFY, That I attended deceased from Truesdell Mo, 19... to May 16, 19... that I last saw him alive on May 16, 1930 and that death occurred, on the date stated above, at 10:30 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

**chronic liver (infectious type) -**  
**chronic cholecystitis**  
(duration) mos. ds.  
CONTRIBUTORY (SECONDARY) **chronic cholecystitis**  
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED **at home**  
IF NOT AT PLACE OF DEATH  
DID AN OPERATION PRECEDE DEATH? **yes** DATE OF **5/10/1930**  
WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS **see case**  
(Signed) **Chas. Hugh Anderson**  
**5/17**, 1930 (Address) **Hennel St**  
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 **Nashville, Washington Co. Illinois** DATE OF BURIAL **May 17, 1930.**

20. UNDERTAKER **Burrus and Co** ADDRESS **East St. Louis**

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.

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DEC 1 1941

DEC 2 1941

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