

OCT 28 1930

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

Do not use this space.

29579

1. PLACE OF DEATH

County CLATSOP

Township BOHEF

City Bohemia (No. 1)

Registration District No. 306

Primary Registration District No. 5424

File No. 3

Registered No. 3

St. Bohemia

Ward 1

2. FULL NAME

HUGUST HUSTERMANN

(a) Residence, No. 1

St. Bohemia

Ward 1

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 yrs. ✓

mos. 2

ds. ✓

How long in U. S., if of foreign birth? 1 yrs. ✓ mos. 2 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

HUGUST HUSTERMANN

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

SEP 19-1884

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. min.

75

11

29

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

FARMER

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

DRAKE

(STATE OR COUNTRY)

MO

10. NAME OF FATHER

FRED HUSTERMANN

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

GERMAN 4

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

UNKNOWN

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

GERMAN 4

(STATE OR COUNTRY)

14. INFORMANT

Geo. A. Husterman

(Address)

Rose Bud Mo

15. FILED

9/18/30 John Engelbrecht

REGISTRAR

2

MEDICAL CERTIFICATE OF DEATH

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

Sept 18, 1930

17.

I HEREBY CERTIFY, That I attended deceased from Jan 18, 1930 to Sept 18, 1930 that I last saw him alive on Sept 16, 1930, and that death occurred, on the date stated above, at 5:20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arteriosclerosis

97 913

(duration) Don't know yrs. 2 mos. 2 ds.

CONTRIBUTORY (SECONDARY)

None, cannot specify (duration) 2 yrs. 2 mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

at place of death

19. DID AN OPERATION PRECEDE DEATH?

No DATE OF 9/18/30

WAS THERE AN AUTOPSY?

No

WHAT TEST CONFIRMED DIAGNOSIS?

Physical

(Signed)

John Engelbrecht M. D.

(Address)

St. Louis, Mo.

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

BEE MONT MO

DATE OF BURIAL

SEP 21 1930

20. UNDERTAKER

HERMAN BLUMER

ADDRESS

BERGER

