

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

Do not use this space.

22532

1. PLACE OF DEATH

County St. Louis Registration District No. 757 File No. _____
 Township St. Louis Primary Registration District No. 5998 Registered No. 106
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Henry Huxhold Sr

(a) Residence, No. _____ St. _____ Ward. St. Louis Mo
 (Usual place of abode) (If nonresident, give city or town and State)

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

MEDICAL CERTIFICATE OF DEATH

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 Elizabeth Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 29-1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 10 =

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

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

13. NAME No History

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No History

15. MAIDEN NAME No History

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No History

17. INFORMANT Elizabeth Huxhold (ADDRESS) St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Val Hallow lawn DATE June 29 1931

19. UNDERTAKER W. Hall (ADDRESS) 800 N. 2nd St. St. Louis, Mo.

20. FILED 6/28 1931 W. J. Blalock Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 27th 1931

22. I HEREBY CERTIFY, That I attended deceased from Head Injunct 1931 to _____ 1931

First saw him alive on June 27 1931. Death is said to have occurred on the date stated above, at 3:15 P.M.

The principal cause of death and related causes of importance were as follows:

Accidental due to being struck by a C. & O. Train at Perugin Mo on crossing of county road & Railroad tracks while crossing with automobile
 Date of onset _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? accident Date of injury June 27 1931

Where did injury occur? Perugin Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Public Place

Nature of injury Injury of entire Body

Nature of injury Titanium Coclear

24. Was disease or injury in any way related to occupation of deceased?

If so, specify Perfectly related

(Signed) _____, M. D.

(Address) St. Louis Mo

JUL 28 1931

CAUSE OF DEATH IN PLAIN TERMS, so that it may be properly classified. Exact statement of OCCURRING CAUSES

