

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

Do not use this space.

39308

1. PLACE OF DEATH

County.....
Township.....
City St. Louis

Registration District No. 701
1003
Primary Registration District No. Guardian Angels Settlement

File No.
Registered No. 11488
St. Ward)

2. FULL NAME

(a) Residence, No. 1029 Marion St. 123 Ward.

(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

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 4-1837</u>		
7. AGE	YEARS <u>94</u>	MONTHS <u>5</u>
	DAYS <u>11</u>	If LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework</u>	11. Total time (years) spent in this occupation
	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)	

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

FATHER 13. NAME Wm L. Hurliska

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bohemia

MOTHER 15. MAIDEN NAME Theresa Anckel

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bohemia

17. INFORMANT (ADDRESS) Rev. J. S. Hueberlein

18. BURIAL CREMATION, OR REMOVAL PLACE St. Peter + Paul Ch DATE Nov 17 1931

19. UNDERTAKER (ADDRESS) Peter Bern

20. FILED NOV 16 1931 19. Wm L. Hurliska Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 15 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 10 1931 to Nov 15 1931
I last saw h. es. alive on Nov 15 1931 Death is said to have occurred on the date stated above, at 3:20 P. m.
The principal cause of death and related causes of importance were as follows:

Chronic & Terminal
Senile Atrophy
131
151
Other contributory causes of importance:

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?..... Date of injury..... 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify
(Signed) J. S. Hueberlein, M. D.
(Address) St. Peter + Paul Ch

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.

2015 Russell Block

2000 S. 9th