

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

Do not use this space.

21019

**1. PLACE OF DEATH**

County ..... Registration District No. ....  
Township ..... Primary Registration District No. 791  
City St. Louis (No. City Hospital)

File No. ....  
Registered No. 5520  
St. .... Ward)

4016

**2. FULL NAME** George Huhn

(a) Residence, No. 1031 Allen St. Ward. 23  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. 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) widowed

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

**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** 7-18-1890

**7. AGE** YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
41 10 21

**8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.** Laborer  
**9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.** 791  
**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)** Hungary

**13. NAME** John Huhn

**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Hungary

**15. MAIDEN NAME** Anna Unknown

**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Hungary

**17. INFORMANT (ADDRESS)** City Hospital

**18. BURIAL, CREMATION, OR REMOVAL PLACE** St. Peter's Paul DATE June 11 1932

**19. UNDERTAKER (ADDRESS)** Tragedy of Leo

**20. FILED** May 10 1932

Registrar

**2 MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** June 9<sup>th</sup> 1932

**22. I HEREBY CERTIFY** That I attended deceased from June 8, 1932 to June 9<sup>th</sup> 1932  
I last saw him alive on June 9<sup>th</sup> 1932 Death is said to have occurred on the date stated above, at 11:00 P.M.  
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage  
930 West 11<sup>th</sup> St.  
830A  
Other contributory causes of importance: Chorea  
Date of onset

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

**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. H. Wickham M. D.

(Address) City Hospital

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.

Kuhn