

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

Do not use this space.

**37370**

**1. PLACE OF DEATH**

County..... Registration District No.....  
Township..... Primary Registration District No.....  
City St. Louis (No. St. Louis Altsherein) St. .... Ward.....

File No.....  
Registered No. **10007**  
St. .... Ward.....

**2. FULL NAME**

Rudolf Huesgen Sr.  
(a) Residence, No. 5400 W. Broadway St., 15 Ward.

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 29 - 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
76 7 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ins. Broker

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) Bermainy 10

13. NAME Peter Huesgen

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

15. MAIDEN NAME unknown

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

17. INFORMANT Rudolf Huesgen (ADDRESS) 6545 Beaumont Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Marcus DATE 11/12 19. 3

19. UNDERTAKER Zisgenlein Bros. (ADDRESS) 2001 Chestnut St

20. FILED NOV 12 1937 Registrar

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-10 1937

22. I HEREBY CERTIFY, that I attended deceased from No. 3 12 to No. 10 ch 1937

I last saw him alive on No. 10 ch 1937 Death is said to have occurred on the date stated above, at 11:30 a.m.

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

Pulmonary Embolism Date of onset 3 days  
Myocardial Infarction Relief  
930  
11A 930

Other contributory causes of importance:  
Relief Relief

Name of operation no Date of no  
What test confirmed diagnosis laboury Was there an autopsy no

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? X  
If so, specify E. Schuler (Signed)....., M. D.

(Address) 945 No 10th  
Jeff 0500

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.

