

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

Do not use this space.

31310

1. PLACE OF DEATH

County Registration District No. 701
Township Primary Registration District No. 1000
City St. Louis (No. 2209A Altona St)

File No.
Registered No. 8013
St. Ward)

2. FULL NAME

Oscar Frederic Hug
(a) Residence, No. 2209A Altona St. St. 23 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) married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 24, 1847

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
86 8 20

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

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) 2 yrs 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Baltimore Md.

13. NAME Henry Frederic H

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

15. MAIDEN NAME Kristina Schieple

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

17. INFORMANT (ADDRESS) Ruth A. Frederic H
2209A Altona

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla DATE 9-15 33

19. UNDERTAKER (ADDRESS) Michigan Avenue Mortuaries
4228 So. Michigan Avenue

20. FILED SEP 14 1933 J. P. Brudeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 13 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 1931, to Sept 13 1933

I last saw him alive on Sept 13 1933. Death is said to have occurred on the date stated above, at 3 P. m.

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

Hemiplegia Date of onset 9-10-33

59 820 54

Other contributory causes of importance: Diabetes mellitus 1927

Name of operation None Date of

What test confirmed diagnosis? Clinical 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

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? No

If so, specify to H. J. Anderson

(Signed) H. J. Anderson, M. D.
(Address) 4126th Shrew

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.

10
10
10

Doc. ~~4126~~

4126

Sherrill

Ev 9140