

WHITE 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.

FEB 27 1934

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

Do not use this space.

3211

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis, Mo. (No. 4058, Connecticut St. Ward)

File No.
Registered No. 870

2. FULL NAME Mr. Frederick Huchzermeier,

(a) Residence, No. 4058 Connecticut St. 16 Ward.

Length of residence in city or town where death occurred 38 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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 Mrs. Johanna Felgner Huchzermeier

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 14, 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 -- 8

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. Stove Factory
10. Date deceased last worked at this occupation (month and year) July 1931 11. Total time (years) spent in this occupation 9 Yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hoyleton, Illinois

13. NAME Mr. William Huchzermeier

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

15. MAIDEN NAME Henrietta Niedringhaus

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

17. INFORMANT Johanna Huchzermeier (ADDRESS) 4058 Connecticut St

18. BURIAL, CREMATION, OR REMOVAL Plaque's Rest in PLACE St. Francis Catholic Cemetery DATE January 25, 1934

19. UNDERTAKER Barbering and Funeral Home Inc (ADDRESS) 1936 24th Ave

20. FILED J. J. Beedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from Apr 11, 1932 to Jan 22, 1934
First saw him alive on Jan 22, 1934. Death is said to have occurred on the date stated above, at 7:30 P. M.
The principal cause of death and related causes of importance were as follows:

Stamptegia
(Aphrolexis)
Arteriosclerosis
Chr. Myocarditis
Date of onset Jan 21, 1934

Other contributory causes of importance:
Arteriosclerosis
Chr. Myocarditis
1932

Name of operation none Date of none
What test confirmed diagnosis? clinical Was there an autopsy? none

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury none, 19...
Where did injury occur? none
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Hubert J. Smith M.D.
(Address) 4101 Junata

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