

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

Do not use this space.

30560

SEP 14 1934

1. PLACE OF DEATH

92 County St. Charles Registration District No. 760
 Township Darwin Primary Registration District No. 6001
 City Wentzville (No. _____) St. _____ Ward _____

File No. 3
 Registered No. 46

2. FULL NAME

Harry J. Neuhueser

(a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 19 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary Neuhueser</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 1 - 1855</u>		
7. AGE YEARS <u>79</u>	MONTHS <u>3</u>	DAYS <u>19</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired farmer</u>		
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)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Capoli, Mo.</u>		
13. NAME <u>Ernest Neuhueser</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u> <u>Germany</u>		
15. MAIDEN NAME <u>Kursick</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u> <u>Germany</u>		
17. INFORMANT (ADDRESS) <u>E. J. Neuhueser</u> <u>Wentzville, Mo.</u>		
18. BURIAL, CREMATION OR REMOVAL (ADDRESS) <u>Weldon Spring, Mo.</u> DATE <u>Aug 22, 1934</u>		
19. UNDERTAKER (ADDRESS) <u>Robt. H. ...</u> <u>Wentzville, Mo.</u>		
20. FILED <u>8/24</u> 19 <u>34</u> <u>W. C. Caldwell</u> Registrar.		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from August 12, 1934, to August 19, 1934
 I last saw him alive on August 19, 1934. Death is said to have occurred on the date stated above, at 1230 P.M.
 The principal cause of death and related causes of importance were as follows:
131. Chd Myocarditis
92. Chd Endocarditis
93. Chd Nephritis

Other contributory causes of importance

Name of operation None Date of _____
 What test confirmed diagnosis? Postmortem 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? No
 If so, specify _____
 (Signed) B. G. ..., M. D.
 (Address) Wentzville, Mo.

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.

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