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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.

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

Do not use this space.

1. PLACE OF DEATH
County St Charles — Registration District No. 757 — File No. 40482
Township St Charles — Primary Registration District No. 5998 — Registered No. 194
City ..... (No. R Route # 1 ..... St. ..... Ward)

2. FULL NAME William Huntebrinker
(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Julia Scholle Huntebrinker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar 8 - 1879

7. AGE: YEARS 55 — MONTHS 7 — DAYS 29 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 1
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): Germany — 10

FATHER
13. NAME: Fritz Huntebrinker
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany — 10

MOTHER
15. MAIDEN NAME: Clara Moeller
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany — 10

17. INFORMANT (ADDRESS): Herman Huntebrinker St Charles Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Orchard Farm Cem DATE Nov 9th 1934

19. UNDERTAKER (ADDRESS): H C Dallmeyer & Sons Co 800 N Second St

20. FILED 11/9 1934 Clarence H. Wessler, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from August 29, 1934, to November 7, 1934. I last saw him alive on November 7, 1934. Death is said to have occurred on the date stated above, at 8.15 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension with Coronary Disease	2
Chronic hypertensive Nephritis	2

Other contributory causes of importance:

Acute heart failure	11/7/34

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical + laboratory 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? .....
If so, specify .....
(Signed) R. O. Hayden, M. D.
(Address) St Charles Mo.