

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.

10306

1. PLACE OF DEATH

County St. Charles Registration District No. 757
Township _____ Primary Registration District No. 3036
City St. Charles (No. St. Josephs Hospital) St. _____ Ward _____

File No. _____
Registered No. 36

2. FULL NAME Anton Hukhlmann

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) (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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 12th 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
60 0 4

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. _____

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) St. Charles Mo

13. NAME Anton Hukhlmann

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

15. MAIDEN NAME Elizbeth Hemmel

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

17. INFORMANT Sophie da Baige (ADDRESS) St. Charles, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE A. Petrus Cem. DATE March 20, 1935

19. UNDERTAKER W. D. Allen & Sons Co. (ADDRESS) 800 W. 2nd St. St. Charles Mo

20. FILED 3/26/35 Clarence S. Mosler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 16th 1935

22. I HEREBY CERTIFY, That I attended deceased from 9:50 3, 1935, to March 16, 1935

I last saw him alive on March 16, 1935. Death is said to have occurred on the date stated above, at 8:30 P. m.

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

Syphilis
Post-mortem showed
Rupture of Left auricle
Endocarditis Valve + thrombi
in arch of aorta + abdominal

Other contributory causes of importance:
Epidemic Angina 1933
Pole Pneumonia 1935

Date of onset 1928

Name of operation _____ Date of _____
What test confirmed diagnosis? Chinure 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 1935

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) J. J. Seeding M. D.
(Address) St. Charles, Mo.

