FEB 24 1936

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

Do not use this space.

4034

File No.
Registered No. 45

1. PLACE OF DEATH
County St. Louis
Township Carondelet
City (No. 4645 Oldenburg Ave. St. Ward)

Registration District No. 1123
Primary Registration District No. 6248 G

2. FULL NAME Henry Huntelman
(a) Residence, No. 4645 Oldenburg Ave. 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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 8th. 1859.

7. AGE: Years 76 | Months 1 | Days 20 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
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) Germany

FATHER
13. NAME Henry Huntelman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Mary Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Mary Huntelman
(ADDRESS) 4645 Oldenburg Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE New St. Marcus DATE Jan. 31st. 1936

19. UNDERTAKER Wacker-Stelderle
(ADDRESS) 2331 S. Broadway

20. FILED 1-30 1936 J. Mowry
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 28th. 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 29 1935, to Jan 28 1935
I last saw it alive on Jan 28 1935. Death is said to have occurred on the date stated above, at 12.30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	10 dy
Other contributory causes of importance:	
Senile Arteriosclerosis	?

Name of operation None Date of
What test confirmed diagnosis? 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? no
If so, specify
(Signed) H. A. Schmieman, M. D.
(Address) 6844 Gravois Ave

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.