

OCT 5 1936

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

Do not use this space.

35950

## 1. PLACE OF DEATH

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City St. Louis (No. Lutheran Hospital..... Ward.....)

File No.....  
Registered No. **9573**  
St. .... Ward.....

2. FULL NAME Adolph M. Huckler,

(a) Residence, No. 3722 Texas Ave. St. 24 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 Lena Huckler,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 17, 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
72 7 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Busch Cereal Plant

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. Louis, Mo.

MOTHER FATHER 13. NAME Lebold Huckler

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs. Lena Huckler  
(ADDRESS) 3722 Texas Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Our Redeemer DATE Sept. 21 1936

19. UNDERTAKER Hucker Helder  
(ADDRESS) 2331 S. Broadway

20. FILED SEP 19 1936 19.....  
J. Bredeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from....., 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at 3:06 A.M.

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

*No Phy. no attendance*  
Internal Hem. ruptured  
Pancreas & malignant legs  
fractured sternum & displaced  
left shoulder rec'd in fall from ladder  
at Anheuser-Busch Brewery

Date of onset

Other contributory causes of importance: 1864

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Accid. Date of injury 9/18, 1936

Where did injury occur? Home - St. Louis  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, at home, or in public place.

Manner of injury fall

Nature of injury suicide

24. Was disease or injury in any way related to occupation of deceased? yes

If so, specify.....

(Signed) Garret J. Gray, M. D.  
(Address) 2331 S. Broadway

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

