

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.

NOV 4 1936

39296

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1008** File No.
 City **St. Louis** (No. **MISSOURI CATHOLIC HOSPITAL**) Registered No. **10330** Ward.....

2. FULL NAME HARRY A. HUFKER

(a) Residence, No. 4516 McKinley St. 18 Ward. (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) July 27, 1893

7. AGE YEARS 43 MONTHS 2 DAYS 16 IF LESS than 1 day, _____ hrs. or _____ min.

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

FATHER 13. NAME JOHN HUFKER

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

MOTHER 15. MAIDEN NAME Josephine Schenk

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

17. INFORMANT JOHN HUFKER (ADDRESS) 4516 McKinley

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter + Paul DATE Oct. 16 1936

19. UNDERTAKER JAY B. SMITH FUNERAL HOME (ADDRESS) 745 1/2 WASHINGTON AVE. MARION, MO.

20. FILED OCT 14 1936 J. F. Bredeek Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 5 1936 to Oct 13 1936
 I last saw him alive on Oct 13 1936 Death is said to have occurred on the date stated above, at 11:45 am.

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

Intestinal obstruction due to Volvulus cause of which is unknown Date of onset

Other contributory causes of importance: 122 ft

Name of operation..... Date of Oct 6-36
 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?.....
 If so, specify.....
 (Signed) W. T. Bush M. D.
 (Address) 499 Metropolitan Bldg

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