

OCT 26 1937 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

35277
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis Registration District No. 790
(b) Township Clayton Primary Registration District No. 6033e Registered No. 309
(c) City Clayton, Mo. (d) Street No. St. Louis Co. Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John A. Huesgen
(a) Residence, No. 6705 Schofield Pl. St. Wellston, Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Huesgen
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 17, 1852.
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
85 6 16
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as saw mill, bank, etc. Carpenter
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) Missouri

13. NAME John Huesgen

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

15. MAIDEN NAME Margaret Peihl

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

17. INFORMANT Henry Huesgen
(ADDRESS) 6705 Schofield Pl.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE Sept; 6/37.

19. FUNERAL DIRECTOR Jos. W. Clark
(ADDRESS) 1125 Hodiamont Avem.

20. FILED 9/4 1937 Dr. A. J. Squicelli
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 2/37. 1937

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 9.50 A.M.
The principal cause of death and related causes of importance were as follows:

Struck by 20th St. -
Car while a pedestrian
on a public highway Date of onset 9/2/37

Other contributory causes of importance:
Fractured Skull 9/2/37

Name of operation None Date of.....
What test confirmed diagnosis Physical Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 9/2, 1937
Where did injury occur? Wellston, Mo.
(Specify city or town, county and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury Public Place
Struck by Street Car
Nature of injury Fractured Skull

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify John O'Connell M. D.

(Signed) James S. Brown
(Address) James S. Brown

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.

RECORD

11-21203

STATEMENT BY LICENSED EMBALMER

I, **Jos. W. Clark**

Licensed Embalmer No. **I66I.**

hereby certify that the body recorded on the reverse side of this certificate was embalmed by **myself**

L. E.

No. _____ or by _____

Registered Apprentice No. _____

working under my personal supervision.

Signed

Jos. W. Clark

Licensed Embalmer No. **I66I.**

-Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)