

JAN 10 1938

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

Do not use this space.

42832

1. PLACE OF DEATH

County St. Louis Registration District No. 791  
Township \_\_\_\_\_ Primary Registration District No. 1003  
City St. Louis (No. 5942 Bornault) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 11082

2. FULL NAME

Mary Pauline Huesgen  
(a) Residence, No. St. Louis near 8 Ward. (If nonresident, give city or town and State)  
(Usual place of abode) 5942 Romaine PP  
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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 4th 1875  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
62 2 26  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 23  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 30<sup>th</sup>, 1937  
22. I HEREBY CERTIFY, That I attended deceased from July 10, 1937 to Nov 30<sup>th</sup>, 1937  
I last saw her alive on Nov 29<sup>th</sup>, 1937 Death is said to have occurred on the date stated above, at 10:30 a.m.  
The principal cause of death and related causes of importance were as follows:

acute myocarditis 12/27/37  
chole nephritis influenza  
Other contributory causes of importance: \_\_\_\_\_  
Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis autopsy Was there an autopsy? no

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bonnatts Mill Mo  
13. NAME Julius Bonnatt  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Loose Creek Mo  
15. MAIDEN NAME Francis Kankler  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Loose Creek Mo  
17. INFORMANT (ADDRESS) Julius Huesgen 5942 Romaine St. Louis  
18. BURIAL, CREMATION, OR REMOVAL PLACE St Charles Bonanos DATE Dec 3rd 1937  
19. UNDERTAKER (ADDRESS) W. G. Dalleneyer & Son 444 St Charles Mo  
20. FILED DEC 1 1937 J. Bredeck Registrar.

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) Chas. A. Galt, M. D.  
(Address) 506 Hadamou

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.

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