

RECD JUN 12 1939

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

16746
Do not use this space.

791
1008

4280

1. PLACE OF DEATH

(a) County..... Registration District No.....
(b) Township..... Primary Registration District No.....
(c) City St. Louis, (d) Street No. St. Johns 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 Henry G. Hugeback

(a) Residence, No. 6163 W. Park Ave. St. 4 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 Maymie Hugeback
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 20, 1882
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 8 16

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Shoe Cutter
9. Industry or business in which work was done, as 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 Bernard Hugeback

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

MOTHER 15. MAIDEN NAME Bernadine Tolle

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

17. INFORMANT (ADDRESS) Maymie Hugeback
6163 W. Park Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Galvary Cem. DATE May 9, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. H. Gibson & Sons
2630 Gravois Ave.

20. DATE OF DEATH MAY 8 1939 J. F. Budeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from July, 1935, to May 6, 1939.

I last saw him alive on May 6, 1939. Death is said to have occurred on the date stated above, at 6:20 P. m.

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

Empyema left chest. Date of onset 2 mo
Bronchial - pleural fistula 5 days
Acute peripheral circulatory failure (shock). 8 hrs.

Other contributory causes of importance:
Primary cause of empyema?

Abscess subcut. left chest wad 4 days

Name of operation Incision of abscess Date of May 2-39

What test confirmed diagnosis? X-ray 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) John J. Raymond M.D.
(Address) 634 N. Grand Blvd.

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.

Dr Hammond
no Theatre Bldg

STATEMENT BY LICENSED EMBALMER

FORM 372

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Herman A. Gebker*

Licensed Embalmer No..... 2120

P. O. Address..... 2842 Meramec St.

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.)

St. Louis, Mo.

If this body is not embalmed, above space should be left blank.