

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 9223
Registrar's No. 2706

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6215 Walsh
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 6 months
years, months or days)

3. (a) PRINT FULL NAME WILLIAM HUGÉ

8. (b) If veteran, name war --- 8. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Louise Petering Hüge 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 12 1867
(Month) (Day) (Year)

8. AGE:		Years	Months	Days	If less than one day
		<u>72</u>	<u>7</u>	<u>10</u>	hr. _____ min.

9. Birthplace Germany
(City, town, or county) (State or foreign country)

10. Usual occupation retired Section Foreman

11. Industry or business Railroading

MOTHER FATHER { 12. Name Unknown

18. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Unknown 15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Alfred H. Hüge

(b) Address 6215 Walsh

17. (a) Burial (b) Date thereof 3/25/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. John Cem., LaPorte, Ind.

18. (a) Signature of funeral director Bedwarden Funeral Home

(b) Address 1936 St. Louis Avenue

19. (a) MAR 23 1940 (b) J. J. [Signature]
(Date received local registrar) (Signature of registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 127
(If outside city or town limits, write "RURAL")
(d) Street No. 6215 Walsh
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 55 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22
year 1940 hour 9 minute 30 A. M.

21. I hereby certify that I attended the deceased from Jan 20, 1940, to March 22, 1940;
that I last saw him alive on March 21st, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death: Cardio-Vascular-Renal Disease Duration 2 years

Due to Arteriosclerosis + Prostatitis

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Henry P. Gaul MD (M. D. or other) _____
Address 2905 Petherick St. Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Rev. 5-17-39

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.

STATEMENT BY LICENSED EMBALMER

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.....

Licensed Embalmer No. *3727*

P. O. Address *1936 St. Louis Ave.*

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.)

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