

No. 2
4-18-40
-17-39
X
FILE

JAN 10 1941

Registration District No. **85**

Primary Registration District No. **1001**

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph **2**

(c) Name of hospital or institution: 1818 S. 20th.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 65 years
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 1818 S. 20th.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME ADOLPH AUGUST HUELKER

3. (b) If veteran, name war none 3. (c) Social Security No. none

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

6. (b) Name of husband or wife Maude Huelker 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased March 21st. 1871
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>8</u>	<u>15</u>	hr. _____ min. _____

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

10. Usual occupation Piano Tunner

11. Industry or business _____

12. Name Herman Huelker

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

14. Maiden name Roslie Welsner

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

16. (a) Informant Mrs. Maude Huelker

(b) Address 1818 S. 20th. St. Joseph, Mo.

17. (a) Burial (b) Date thereof 12 - 9 - 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director FLEEMAN & SON INC.

(b) Address St. Joseph, Mo.

19. (a) 12/9/40 (b) H. J. Nestlebusch
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 6th.
year 1940 hour 6 minute 20 P. M.

21. I hereby certify that I attended the deceased from Dec. 15th to Dec. 6th, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to _____

Due to _____

Other conditions A2C
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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? 85

(Specify type of place) _____ (e) Means of injury _____

23. Signature H. J. Nestlebusch (M. D. or other) Inc.

Address Bullinger Bldg. ST. JOSEPH, MO. Date signed 12-8-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

S

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 Carl W. Hauss

Licensed Embalmer No. 3955

P. O. Address St. Joseph, Mo.

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, fact should be so stated above.