S. No. 2
—1-4-41
5-17-39
PI X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29426

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 1669

1. PLACE OF DEATH:

(a) County ST. LOUIS
(b) City or town KOCH
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ROBERT KOCH HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 72 days (Specify whether
In this community life - 51 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis 000
(c) City or town St Louis 17
(If outside city or town limits, write "RURAL") 9
(d) Street No. 2216 North Market
(If rural, give location)
(e) Citizen of foreign country? None (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME FRANK H. HUTTGER

3. (b) If veteran, name war

3. (c) Social Security No. 493-09-3064

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced / Married

6. (b) Name of husband or wife Esther Huttger (nee Barner)

6. (c) Age of husband or wife if alive years

7. Birth date of deceased May (Month) 6 (Day) 1890 (Year)

8. AGE: Years 51 Months 3 Days 1 If less than one day hr. min.

9. Birthplace St Louis (City, town, or county) Mo (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name John Wm. Huttger
13. Birthplace — (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Katy Kampwarth
15. Birthplace Edwardsville (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Hospital Record
(b) Address Robert Koch Hospital

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 11 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Glen Cemetery

18. (a) Signature of funeral director Goodhart & Goodhart
(b) Address 2 [illegible] Kingsway

19. (a) AUG 10 1941 (Date received local registrar) (b) E. G. McGauran MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 7
year 1941 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from May 27 1941 to Aug 7 1941;
that I last saw him alive on Aug 7 1941;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Air Embolism	
Due to Pulmonary Tuberculosis	9 mos +
Due to 1341	
Other conditions Generalized Arteriosclerosis (Include pregnancy within 3 months of death) Diabetis Mellitus, Lues ? 2, 2	

Major findings:
Of operations
Of autopsy Air Embolism Pulmonary Tuberculosis + Generalized Arteriosclerosis

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) accident - Air Embolism to Rt. Ventricle
(b) Date of occurrence Aug 7, 1941
(c) Where did injury occur? Robert Koch Hosp. (City or town) Koch (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Robert Koch Hospital (Specify type of place)
While at work? No (e) Means of injury Treatment

23. Signature Frank Cohen (M. D. or other) MD
Address Robert Koch Hospital Date signed Aug 8/41

(Licensed Embalmer's Statement on Reverse Side)

SEP 1 7 1941

SEP 1 8 1941

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 Charles Goodhart

Licensed Embalmer No. 2777

P. O. Address St Louis Mo

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

If this body is not embalmed, fact should be so stated above.