

FILED JUL 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24924
6015

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY		
b. CITY OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 50	c. CITY OR TOWN St. Louis		d. STREET ADDRESS (If rural, give location) 4929 Chippewa
3. NAME OF DECEASED (Type or Print) Henry			a. (First)	b. (Middle) O. A.	c. (Last) Huegel
4. DATE OF DEATH	July 7	5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH January 7, 1880
9. AGE (In years last birthday) 69	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) druggist	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.	13a. FATHER'S NAME (Huegel, Joseph)	13b. MOTHER'S MAIDEN NAME (Braun, Regina)
14. NAME OF HUSBAND OR WIFE Grace ?	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS GRACE HUEGEL 4929 CHIPPEWA ST.		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral - Vas - Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Seaf exhaustion DUE TO (c) Arterio sclerosis		INTERVAL BETWEEN ONSET AND DEATH 10 days Indef.
19a. DATE OF OPERATION June			19b. MAJOR FINDINGS OF OPERATION None		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT (Specify) SUICIDE HOMICIDE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) 91	21d. TIME OF INJURY	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4500
22. I hereby certify that I attended the deceased from 7/4, 1949, to 7/7, 1949, that I last saw the deceased alive on 7/7, 1949, and that death occurred at 11:20 p.m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Robert E. Fox, M.D.			23b. ADDRESS 634 W. Grand Blvd.		23c. DATE SIGNED 7/9/49
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 7-11-49	24c. NAME OF CEMETERY OR CREMATORY BELLEFONTAINE CEM.	24d. LOCATION (City, town, or county) ST. LOUIS MO.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS KRIEGSHAUSER 4478 SKINGSHICAWAY	
DATE REC'D BY LOCAL REG. JUL 9 1949	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS KRIEGSHAUSER 4478 SKINGSHICAWAY			

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Richard W. Stoverand

Licensed Embalmer No. 4007

P. O. Address.....

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.