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

FILED JUL 15 1940

Do not use this space.

21423

File No.

Registered No. 14

1. PLACE OF DEATH
County Cape Girardeau
Township Shawnee
City (No. St. Ward)
Registration District No. 129
Primary Registration District No. 5180

2. FULL NAME 326 Edward Albert Huttegger

(a) Residence, No. (Usual place of abode) V St. Ward.
(If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
~~(OR) WIFE OF~~ ✓

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 10, 1872

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	68	0	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Wells Mo 6

FATHER
13. NAME John Huttegger 7
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Steierlark Austria 7

MOTHER
15. MAIDEN NAME Elisabeth Steiner
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Obersteyermark Austria

17. INFORMANT (ADDRESS) Rev L. Diepfarld New

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Wells DATE June 9 1940

19. UNDERTAKER (ADDRESS) Fred Kohlenberg New Munich Mo

20. FILED 6-8 1940 Fred J. Schoene Registrar. 124

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 8th 1940

22. I HEREBY CERTIFY, That I attended deceased from June 7th 1940, to June 8th 1940
I last saw him alive on June 8th 1940. Death is said to have occurred on the date stated above, at 8:00 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2 da.
Myocarditis. Chronic	4 yrs
Other contributory causes of importance: 92 C	

Name of operation None Date of
What test confirmed diagnosis? P. Ex 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) Theodore Fischer, M. D.
(Address) Altenburg Mo

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

1 X9314

S. No. 2B
I—2-21-40
I X22659

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. 21429

Registration District No. 129 Primary Registration District No. 5180 Registrar's No.

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town Shawnee
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Cape Girardeau
(c) City or town Rural
(If outside city or town limits write "RURAL")
(d) Street No. 3 Miles Southeast of New Wells
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Edward albert Huttegger

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Emma Conrad

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

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 68 Months 0 Days 28 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

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

16. (a) Informant
(b) Address

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

18. (a) Signature of funeral director
(b) Address

19. (a) Aug 1 40 (Date received by local registrar) (b) F. J. Schoenrock (Registrar's signature)

SUPPLEMENTARY

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8
year 1940 hour minute M.

21. I hereby certify that I attended the deceased from , 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Theodore Fischer (M. D. or other)
Address Altenburg