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

Do not use this space.

10218

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis Mo (No. Mo Pac Hospital St. ..... Ward)

File No. .....

Registered No. 2806

2. FULL NAME Frank Joseph Huber.

(a) Residence. No. 3123 N. 12th St., N Ward. .....
(Usual place of abode) (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	divorced

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) About 1881

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
abt.	46	—	—	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Car Inspector 131 72 73

(b) General nature of industry, business, or establishment in which employed (or employer) Mo. Pac. R.R.

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Minn.

PARENTS

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) unknown

12. MAIDEN NAME OF MOTHER "

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) "

14. INFORMANT Alfred C. Patton
(Address) 927 R.R. Ex. Bg.

15. FILED ..... 19 27 Max C. Starkoff REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 20 - 1927

17. I HEREBY CERTIFY, That I attended deceased from Feb 8, 1927, to Mar. 20, 1927 that I last saw him alive on Mar 20, 1927, and that death occurred, on the date stated above, at 12 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis, Chr.
Cardiac valvular disease
Nephritis Chr. Intestinal
(duration) 2 (?) yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 129 A
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Mo

DID AN OPERATION PRECEDE DEATH? No. DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical & Clinical Diagnosis

(Signed) F. F. Gilles, M. D

, 19 (Address) 1755 10 Grand.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Missouri Crematory	3-22-1927
20. UNDERTAKER	ADDRESS
Peetz Bros 3029 Lafayette	

WRITE PLAINLY, WITH UNFADING INK

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.