

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

Do not use this space.

*In possession of*  
**37935**

**1. PLACE OF DEATH**

County St. Charles

Registration District No. 757

File No. ....

Township .....

Primary Registration District No. 3036

Registered No. 189

City St. Charles (No. 415 2. 4<sup>th</sup>)

St. .... Ward

St. .... Ward

**2. FULL NAME**

Matilda Mary Huming

(a) Residence. No. 415 2. 4<sup>th</sup> St. St. .... Ward 7

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edwin F Huming

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 27 - 1888

7. AGE YEARS MONTHS DAYS IF LESS than I day, hrs. or min. 39 1 15

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Housewife (b) General nature of industry, business, or establishment in which employed (or employer) ..... (c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) St. Charles County, Mo (STATE OR COUNTRY)

10. NAME OF FATHER Fred Droste

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Charles County, Mo (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mary Meisler

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis, Mo (STATE OR COUNTRY)

14. INFORMANT Edwin F Huming (Address) 415 2. 4<sup>th</sup> St.

15. FILED 12-15-27 W. B. Beckner REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 12 1927

17. I HEREBY CERTIFY, That I attended deceased from October 12, 1927, to Dec 12, 1927, that I last saw h. w. alive on Dec 12, 1927, and that death occurred, on the date stated above, at 4 P. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Clev. Pulmonary Tbc - 23A (Spontaneous Pneumothorax)

CONTRIBUTORY (SECONDARY) 31 (duration) yrs. 2 mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH. no knowledge

DID AN OPERATION PRECEDE DEATH. no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical & Lab Exam (Signed) W. B. Beckner, M. D. Dec 13, 1927. (Address) 200 Clayton St. St. Charles, Mo

\*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 Lutheran Cemetery DATE OF BURIAL Dec 15 1927

20. UNDERTAKER W. B. Beckner & Sons 600 St. Charles St. ADDRESS

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.

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