

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

Do not use this space.

13261

1. PLACE OF DEATH

County.....

Registration District No.....

701

Township.....

Primary Registration District No.....

1003

City St. Louis (No. 4495 Lee)

File No.....
Registered No. 3827
St. Ward)

2. FULL NAME

Charles Huebmann

(a) Residence. No. 4495 Lee St., 10 Ward.
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. - mos. - ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 3, 1868

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
60 11 24

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

9. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER Conrad Huebmann

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Not known
(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Mary Griva

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Not known
(STATE OR COUNTRY) Germany

14. INFORMANT Mrs. Chas. Kampshaefer
(Address) 4495 Lee Ave.

15. FILED MAR 29 1929 Max O. Starbly REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 27, 1929

17. I HEREBY CERTIFY, That I attended deceased from Nov 12, 1928, to March 27, 1929
that I last saw him alive on March 27, 1929, and that death occurred, on the date stated above, at 9:40 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Larynx

4 1/4 (duration) yrs. 5 mos. ds.

CONTRIBUTORY (SECONDARY) 4 1/4 (duration) yrs. mos. ds.

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

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

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) Geo. A. Mellies, M. D.
3/28, 1929 (Address) 2917 St Louis Ave

*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 St. Peters DATE OF BURIAL March 30, 1929

20. UNDERTAKER Guedmeyer ADDRESS 3934 N. 20

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

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.

239
1
10
10

1929
55

1874

1929
1873-929

55 5-23