

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

Do not use this space.

**1. PLACE OF DEATH**

County..... Registration District No. 791  
Township..... Primary Registration District No. 1003  
City St. Louis (No. Lutheran Hosp.) St. \_\_\_\_\_ Ward)

File No. 19960  
Registered No. 5602

**2. FULL NAME**

(a) Residence. No. 3623 Virginia Ave 16 Ward. (If nonresident, give city or town and State)  
(Usual place of abode)  
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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 27<sup>th</sup> 1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
44 11 17

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

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

**PARENTS**  
10. NAME OF FATHER John Hubeli  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Switzerland  
12. MAIDEN NAME OF MOTHER Anna Ruppel  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT Harry Hubeli  
(Address) 2126 Wolsey St.

15. FILED MAY 21 1929 May C. Sumner REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 18<sup>th</sup> 1929  
17. I HEREBY CERTIFY, That I attended deceased from March 30, 1929, to May 19, 1929, that I last saw him alive on May 18, 1929, and that death occurred, on the date stated above at 2:30 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Cerebral Meploem  
Non Malignant  
(duration) yrs. 7 mos. ds.  
CONTRIBUTORY (SECONDARY) guy  
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH.....  
DID AN OPERATION PRECEDE DEATH? No DATE OF.....  
WAS THERE AN AUTOPSY? yes  
WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) F. W. H. W. H. W. H. M. D.  
May 20, 1929 (Address) 3315 Jefferson 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. Pauls church yard DATE OF BURIAL May 21<sup>st</sup> 1929  
20. UNDERTAKER Wm. Schumacher ADDRESS 3013 Meramec

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.

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