

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.

41929

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

Do not use this space.

20890

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 125
Township W. 1 Primary Registration District No. 3009
City Cape Girardeau No. 340 St. Norman Ward

File No. _____
Registered No. 160
St. _____ Ward

2. FULL NAME

Mr. Rudolph Huber
(a) Residence. No. 340 St. Norman 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

MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED married

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 30 1929

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. R. Huber

17. I HEREBY CERTIFY, That I attended deceased from Mar 2nd 1929, to June 30 1929, that I last saw him alive on June 28 1929, and that death occurred, on the date stated above, at 5:30 A.M.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 20 1869

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 8 10

Cardiac Hypertrophy
95%

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.
CONTRIBUTORY (SECONDARY) 90%
(duration) 2 yrs. mos. ds.
(duration) 2 yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) Cape Girardeau, Missouri
(STATE OR COUNTRY)

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

10. NAME OF FATHER Henry Huber

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____

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

20. WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? symptoms, findings
(Signed) E. H. Schubert M. D.

12. MAIDEN NAME OF MOTHER Babara Huber

(Address) 7/11, 1929 Cape Girardeau, Mo

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

*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.

14. INFORMANT Miss Hazel Huber
(Address) Cape Girardeau, Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Marys Cemetery DATE OF BURIAL July 2 1929

15. FILED 7/2 29 W. K. Kumpfer REGISTRAR

20. UNDERTAKER Al Bunhoff ADDRESS 536 Broadway

262

1

10

10

OCT 27 1941