

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

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

Do not use this space.

42026

1. PLACE OF DEATH
 County St. Louis Registration District No. 1123
 Township Carondelet Primary Registration District No. 6248 B File No. _____
 City (No. 1204 Telegraph Hill) St. _____ Ward _____
 Registered No. 429

2. FULL NAME Frank Heubler, Jr.
 (a) Residence No. 1204 Telegraph Hill 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 29 1929

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
2 3

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work None
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

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

PARENTS

10. NAME OF FATHER Frank Heubler

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis
 (STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Flora Carroll

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

14. INFORMANT Frank Heubler
 (Address) St. Louis, Mo.

15. FILED Dec 3 1929 L. C. Obrowski, M.D.
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 2 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 2 1929, to Dec 2 1929, that I last saw him alive on Dec 1, 1929, and that death occurred, on the date stated above, at St. Louis, Mo.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
150
marasmus
 (duration) _____ yrs. _____ mos. 7 ds.

CONTRIBUTORY (SECONDARY) 160
 (duration) _____ yrs. _____ mos. _____ ds.

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

19. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

20. WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS _____
 (Signed) D. G. White, M. D.
 , 19 (Address) 9439 Edgar 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. Peter's Roul DATE OF BURIAL Dec 9/29 1929

20. UNDERTAKER Hendler and Co ADDRESS 7819 M. Chicago

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.

NOV 24 1930 96

Plate 919. Edgway -