

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

Do not use this space.

24959

1. PLACE OF DEATH

County Registration District No. 791
 Township Primary Registration District No. 1003
 City St. Louis (No. 148 Olive) St. Ward

File No.
 Registered No. 7125
 St. Ward

2. FULL NAME

Hubert White Man
 (a) Residence. No. Hubert St. 25 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 (write the word) Married

1. Found dead 16. DATE OF DEATH (MONTH, DAY AND YEAR) July 7 1930
 17. No Physician in attendance
 I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....

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

that I last saw h..... alive on, 19....., and that death occurred, on the date stated above, at..... 4459 m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Hubert

THE CAUSE OF DEATH* WAS AS FOLLOWS: 4459

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. ab. 55

Chronic Myocarditis
930 (duration) yrs. mos. ds.

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

CONTRIBUTORY (SECONDARY) 9013 (duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hubert

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

10. NAME OF FATHER 4

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

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) 4

WAS THERE AN AUTOPSY.....

12. MAIDEN NAME OF MOTHER 1

WHAT TEST CONFIRMED DIAGNOSIS.....

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 1

(Signed) J. W. Kerner, M.D.
7/16 1930 (Address) Dep. Coroner

14. INFORMANT John J. Herley
 (Address) Coroner's Office

*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.

15. FILED JUL 18 1930 19 May C. Standley REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
Potters Field 7/20 1930

20. UNDERTAKER ADDRESS 264
Ziegenhain Bros Cherokee

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

