

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

Do not use this space.

2733

1. PLACE OF DEATH

County..... Registration District No. 733
Township..... Primary Registration District No. 5003
City St. Louis (No. City Infirmary) St. Ward)

File No.
Registered No. 484
St. Ward)

2. FULL NAME

(a) Residence, No. 5800 Arsenal St. 13 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 7 1860</u>		
7. AGE	YEARS	MONTHS
<u>7</u>	<u>72</u>	<u>0</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
<u>Labor</u>		<u>15</u>
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>		
13. NAME <u>Hubmann</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>31</u>		
15. MAIDEN NAME <u>?</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		
17. INFORMANT <u>Mrs. Effinger</u> (ADDRESS) <u>5800 Arsenal</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>New St. Marcus</u> DATE <u>Jan. 15 1932</u>		
19. UNDERTAKER (ADDRESS) <u>St. Alb. Ken</u>		
20. FILED <u>Jan 11 1932</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 12 1932

22. I HEREBY CERTIFY That I attended deceased from Jan 7 1932 to Jan 12 1932
I last saw him alive on Jan 12 1932 Death is said to have occurred on the date stated above, at 11:30 m.
The principal cause of death and related causes of importance were as follows:
Chronic myocarditis
Cellulitis of leg
1-2-32
1513 - Cause unknown

Date of onset

Other contributory causes of importance:

Name of operation 930 Date of 10

What test confirmed diagnosis? 10 Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury....., 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify.....
(Signed) J. J. Rodgers M. D.
(Address) 5600 Arsenal St.

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.

