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.

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

Do not use this space.

42551

1. PLACE OF DEATH

County ..... Registration District No. 791 1002 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 11694

City St Louis (No. 4412 Eichelberger St. ..... Ward)

2. FULL NAME Leonard A Huebel

(a) Residence, No. 4412 Eichelberger St. Ave 15 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 Male | 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 Marie Huebel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 29-1892

7. AGE YEARS 40 MONTHS 0 DAYS 28 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ice Puller

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Polar Wave Ice C 58

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) St Louis Mo

FATHER

13. NAME Adolph Huebel

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

MOTHER

15. MAIDEN NAME Mary Frederick

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Marie Huebel Ave 4412 Eichelberger

18. BURIAL, CREMATION, OR REMOVAL PLACE Lakewood Park DATE Dec 30 1932

19. UNDERTAKER (ADDRESS) Wacker-Helderle 2831-S Broadway

20. FILED DEC 29 1932 19 Max C Starkle Registrar

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 27 1932

22. I HEREBY CERTIFY, That I attended deceased from No Physician Attendance 19 ..... 19 .....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 1:45 p.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Ch. Interstitial Nephritis

Arterio Sclerosis

Chronic Myocarditis

Other contributory causes of importance:

131
935
97

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

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? .....

If so, specify .....

(Signed) G. W. Kerner M. D.

(Address) Dep Coron

12/29/32