

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

Do not use this space.

21303

1. PLACE OF DEATH

County.....

Registration District No. *701*

Township.....

Primary Registration District No. *16*

City **St. Louis**

(No. **3826 Humphery St.**)

File No.

Registered No. **5086**

St. Ward)

2. FULL NAME

Ulysses Hubele

(a) Residence, No. **3826 Humphery St.** St. **16** Ward. **16**

(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 <i>(write the word)</i> Singel
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept. 2nd. 1874**

7. AGE	YEARS 58	MONTHS 9	DAYS 6	If LESS than 1 day, hrs. or min.
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8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Carpet Layer**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

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

13. NAME **Jacob Hubele**

14. BIRTHPLACE (CITY OR TOWN) **Germany** (STATE OR COUNTRY)

15. MAIDEN NAME **Augusta Miller**

16. BIRTHPLACE (CITY OR TOWN) **Germany** (STATE OR COUNTRY)

17. INFORMANT *Mrs. J. Galle* (ADDRESS) **3826 Humphery St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Sunset Burial** DATE **June 10th. 1933**

19. UNDERTAKER *Mr. Schumacher* (ADDRESS) **3013 Meramec St.**

20. FILED *J. J. Bredek* Registrar.

3. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 8th. 1933**

22. I HEREBY CERTIFY, That I attended deceased from **May 25 1933** to **June 8 1933**. I last saw him alive on **June 5 1933**. Death is said to have occurred on the day stated above, at **12:05 am**

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

Lung abscess - left

Date of onset **?**

Other contributory causes of importance: **myocarditis chronic**

Name of operation..... Date of.....
What test confirmed diagnosis **clinical** 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? **no**
If so, specify.....
(Signed) **Pierce W. Powers**, M. D.
(Address) **2531 So. Jefferson**

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.

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25318 Eo. Jeff.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County St. Louis

Registration District No. 791

Township St. Louis

Primary Registration District No. 1003

City St. Louis (No.)

File No.

Registered No. 5456

St. Ward

2. FULL NAME

(a) Residence, No. St., Ward.
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

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

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
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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.

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)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED AUG 22 1933 J. F. Bedeck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 8, 1933

22. I HEREBY CERTIFY That I attended deceased from to, 19.....

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

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

Lung abscess Left
not tuberculosis
Chronic Bronchitis

Other contributory causes of importance: 930

Ch Myocarditis

Name of operation Date of

What test confirmed diagnosis? 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?

If so, specify

(Signed), M. D.

(Address)

SUPPLEMENTARY

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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