

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

Do not use this space.

24855

**1. PLACE OF DEATH**

County..... Registration District No. 791  
Township..... Primary Registration District No. 7  
City..... St. Louis (No. 15354 7, 14) St. .... Ward.....

File No.....  
Registered No. 6267  
St. .... Ward.....

**2. FULL NAME**

(a) Residence, No. 15354 7, 14 St., 76 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<br><u>male</u>  | 4. COLOR OR RACE<br><u>white</u>  | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>married</u> |  |  |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF)<br><u>Rose (Wagner) Huber</u> |   |   |  |  |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 15-1868</u>                                 |   |   |  |  |
| 7. AGE YEARS<br><u>64</u>  | MONTHS<br><u>9</u>  | DAYS<br><u>3</u>  | IF LESS than 1 day, ..... hrs. or ..... min. |  |
| OCCUPATION   | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>shoe maker</u>               |   |  |  |
|  | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Retired</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>Cincinnati Ohio</u>                    |   |   |  |  |
| MOTHER   | 13. NAME <u>John Huber</u>  |   |  |  |
|  | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill</u>   |   |  |  |
|  | 15. MAIDEN NAME <u>Wagner</u>   |   |  |  |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill</u>                                |   |   |  |  |
| 17. INFORMANT <u>Rose Huber</u><br>(ADDRESS) <u>15354 7 14 St</u>                          |   |   |  |  |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cathary</u> DATE <u>July 20 1933</u>            |   |   |  |  |
| 19. UNDERTAKER <u>W. H. Schaefer, Ind. Co</u><br>(ADDRESS) <u>4340 91 1/2 Massman ave</u>  |   |   |  |  |
| 20. FILED <u>1 14 1933</u>   |   |   |  |  |

**MEDICAL CERTIFICATE OF DEATH**

1. DATE OF DEATH (MONTH, DAY, AND YEAR) July 18 1933

2. I HEREBY CERTIFY That I attended deceased from April 8 1933 to July 18 1933  
I last saw him alive on July 7 1933. Death is said to have occurred on the date stated above, at 7:00 a.m.  
The principal cause of death and related causes of importance were as follows:  
Carcinoma stomach Date of onset ?  
A.G.B.  
46  
Other contributory causes of importance:

Name of operation..... Date of.....  
What test confirmed diagnosis? Clinical Was there an autopsy? Yes

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 Robert J. Sanders, M. D.  
(Signed) Robert J. Sanders (Address) 142 E. Olive

Registrar.

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.

AUG 20 1933

WRITE PLAINLY, WITH OUTLINES IN RED INK. THIS IS A FEMININE RECORD

15-17-1904

15-17-1904

15-17-1904

15-17-1904

15-17-1904