

JAN 23 1935

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis
Township Central
City Clayton (No. St. Louis County Hosp)

Registration District No. 790
Primary Registration District No. 6033

File No. 44353

Registered No. 404
Ward

2. FULL NAME

Fannie Huber

(a) Residence, No. 2319 Yeoman Ave. St. 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 20 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 2 18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home
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

13. NAME I don't know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) I don't know

15. MAIDEN NAME I don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) I don't know

17. INFORMANT Mrs Hazel Klasterhoff
(ADDRESS) 4204 Labadie and

18. BURIAL, CREMATION, OR REMOVAL PLACE St Peters Cem. DATE December 11 1934

19. UNDERTAKER Geo. L. Pleitach Inc.
(ADDRESS) 5966 Easton Ave.

20. FILED 12/9 1934 Paul J. Huber
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 8 1934

22. I HEREBY CERTIFY, That I attended deceased from November 22 1934, to December 8 1934

I last saw her alive on December 8 1934 Death is said to have occurred on the date stated above, at 7:15 P m.

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

Tuberculosis Meningitis Date of onset Nov 1934
Pulmonary tuberculosis
Tuberculosis Mastitis 1933

Other contributory causes of importance:

Name of operation Spinal puncture 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? No
If so, specify
(Signed) Chas. A. Timmer M. D.
(Address) St. Louis County Hospital
Clayton, Mo

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.

