

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.

MAR 2 1935

1. PLACE OF DEATH

County St. Louis

Registration District No. 789

File No. 2782

Township Central

Primary Registration District No. 6033

Registered No. 79

City Pine Lawn

(No. 6051 Grimshaw

St. _____ Ward _____

2. FULL NAME Fred. Huber

(a) Residence, No. 6051 Grimshaw St. _____ Ward _____

(Usual place of abode)

Pine Lawn, Mo.

(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 (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12/18 .1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
62 1 11 da

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) Rochester, N. Y.

13. NAME Jacob Huber

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

15. MAIDEN NAME Elizabeth unknown

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

17. INFORMANT Grace Huber
(ADDRESS) 6051 Grimshaw

18. BURIAL, CREMATION, OR REMOVAL PLACE S. D. Vetter Undertaker, DATE Jan. 31, 1935

19. UNDERTAKER Beiderwieschen Funeral Home
(ADDRESS) 1936 N. Linn Ave.

20. FILED 1-30-35 H. Boehmer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/29/1935

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

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 7 am.

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

Pulmonary TB bi-lateral chr. with multiple cavitations. Four large cavities in left lung. Cholecystitis, cholelithiasis,

Other contributory causes of importance:
Pulmonary hemorrhage left upper lobe. Most of the blood was asperated in left lung.

Name of operation _____ Date of _____
What test confirmed diagnosis? autopsy 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? _____ If so, specify _____

(Signed) Luka B. Timon, M. D.

(Address) 3718 Junnaga, St. Louis, Mo.

Rowan D. Louis, St. Louis, Mo.

Died during hemorrhage. Was cared for
in Barnes Hospital, in Nov. 1934.