

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

OCT 23 1935

791
1003

31064

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City..... St. Louis,

(No. 3660) Wilmington

File No.....

Registered No..... 7859

St. Ward)

2. FULL NAME

Bertha Huber

(a) Residence, No. 3660 Wilmington 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

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 (late) Frank Huber

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 28, 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min. 58 6 20

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

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) Cincinnati Ohio

13. NAME Benton Egan

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

15. MAIDEN NAME (Unknown) Campbell

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

17. INFORMANT (ADDRESS) Herbert Huber 3660 Wilmington St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE 9-17-35

19. UNDERTAKER (ADDRESS) Southern Und. Co. 6322 S. Grand

20. FILED SEP 18 1935 19 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-17-35

22. I HEREBY CERTIFY, That I attended deceased from 2/15/32 to 3/17/35, 19

I last saw him alive on 9/17/35, 19. Death is said to have occurred on the date stated above, at 2:45 a. m.

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

Coronary occlusion 9/16/35

Hypertension

Other contributory causes of importance:

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? No

If so, specify.....

(Signed) W. Fresh M. D.

(Address) Permanent Address

Dr. O. P. J. Falk
3720 W. 2nd
13076