

Crown Office

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

Do not use this space.

34631

1. PLACE OF DEATH ^{NOV 2} 1935

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1903**

City *St Louis*

(No. *12243* *death 8-1903*)

File No.....

Registered No. **9075**

St. Ward)

2. FULL NAME *Christ Huber*

(a) Residence, No. *3725 South Broadway* St., *24* Ward.

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Mabel Huber</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Nov. 9 1900</i>		
7. AGE YEARS <i>34</i>	MONTHS <i>11</i>	DAYS <i>19</i>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Park Laborer</i>		
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) <i>Cincinnati Ohio</i>		
13. NAME <i>Joseph Huber</i>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Cincinnati Ohio</i>		
15. MAIDEN NAME <i>Anna Kaiser</i>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Cincinnati Ohio</i>		
17. INFORMANT (ADDRESS) <i>Mabel Huber</i> <i>3725 South Broadway</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>New St Marcus</i> DATE <i>Nov 1st 1935</i>		
19. UNDERTAKER (ADDRESS) <i>Heick Bros</i> <i>2201 South Grand Blvd</i> <i>J. H. Predeck</i>		
20. FILED <i>OCT 30 1935</i>		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct 28 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 *10:45* m.
The principal cause of death and related causes of importance were as follows:
Chr. Myocarditis
Chr. Pulmonary Hypertension
Other contributory causes of importance:
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Name of operation..... Date of.....
What test confirmed diagnosis?..... 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) *Harold D. Pittney, M.D.*
(Address) *Dept 5*

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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Registrar.

