

APR 18 1936

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

Do not use this space.

791
1003

17214

1. PLACE OF DEATH

County..... Registration District No..... File No.....
Township..... Primary Registration District No..... Registered No. 3976
City St. Louis Mo (No. Lutheran Hospital) (Ward)

2. FULL NAME

(a) Residence, No. 3325 & Thirconsin Ave Ward 24
(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 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 Caroline Huber

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 19 1886

7. AGE YEARS 50 MONTHS 9 DAYS 20 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter (House)
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Getzner & Co.
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

FATHER 13. NAME Charles Huber

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Caroline Huber
3325 & Thirconsin Ave

18. BURIAL, CREMATION, OR REMOVAL Newicker DATE April 13, 1936

19. UNDERTAKER (ADDRESS) Wm. J. Roberts
1905 S Grand Blvd

20. FILED APR 11 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Thurs April 9/36

22. I HEREBY CERTIFY, That I attended deceased from April, 1936, to April 9, 1936
I last saw him alive on April 9, 1936 Death is said to have occurred on the date stated above, at 3 PM.
The principal cause of death and related causes of importance were as follows:

Chronic Nephritis
Nephrosis
34
Hypertension
Aneurysm

Date of onset
Jan 36

Other contributory causes of importance:
Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

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) Walter H. Hooper, M. D.
(Address) 3805 201 Broadway

N. B.—Every item of information should be carefully classified. 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.

