

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.

39962-2

1. PLACE OF DEATH

County St. Louis Registration District No. 1123  
Township Carondelet Primary Registration District No. 6248E  
City Lemay Station (No. 231 Bayless ave.)

File No. \_\_\_\_\_  
Registered No. 415 (415) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

William Huber  
(a) Residence, No. 231 Bayless 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Elizabeth</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 12, 1878</u>		
7. AGE	YEARS <u>68</u>	MONTHS <u>6</u>
	DAYS <u>19</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Painter</u>	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Himself</u>	
	10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 31, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 15, 1936 to Oct. 31, 1936  
I last saw him alive on Oct 31, 1936 Death is said to have occurred on the date stated above, at 8.20 P.M.  
The principal cause of death and related causes of importance were as follows:  
Chronic Myocarditis with hypertrophy and dilatation  
Date of onset ? Unknown

Other contributory causes of importance:  
Arterio-sclerosis  
? Unknown

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Physical exam Chemical manipulations 200  
lab. findings 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.

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) Dean H. Mowrey M.D.  
9439 Gentry and  
St. Louis, Mo.

FATHER	13. NAME <u>Joe Huber</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
MOTHER	15. MAIDEN NAME <u>Barbara Ehlert</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
17. INFORMANT <u>Elizabeth Huber</u> (ADDRESS) <u>231 Bayless ave.</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Friedens Cemetery II-3</u> _____, 19 <u>36</u>	
19. UNDERTAKER <u>C. Hoffmeister U. &amp; L. Co.</u> (ADDRESS) <u>814 S. Broadway St. Louis, Mo.</u>	
20. FILED <u>Nov 2, 1936</u> <u>D. Mowrey</u> Registrar	

