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.

DEC 3 1936

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 43094

Township ..... Primary Registration District No. 1003 Registered No. 11670

City St. Louis (No. City Hospital No.1 St. ..... Ward)

B. 3355 John Huber

2. FULL NAME

(a) Residence, No. 4522 a Labadie St., 10 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Edna Huber

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov 27 - 1871

7. AGE: 64 YEARS, MONTHS: 11, DAYS: 28 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: paperhanger
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): New York

FATHER

13. NAME: Jake Huber Switzerland
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Switzerland

MOTHER

15. MAIDEN NAME: Elizabeth ?
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Switzerland

17. INFORMANT (ADDRESS): Hosp. Info. M.H.Kent City Hospital No.1

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Zions DATE: 11-27-1936

19. UNDERTAKER (ADDRESS): Provost Land Co 3710 N. Grand Blvd

20. FILED: NOV 25 1936 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 11/24/36, 19

22. I HEREBY CERTIFY, That I attended deceased from 6/5/36, 19, to 11/24/36, 19

I last saw him alive on 11/24/36, 19 Death is said to have occurred on the date stated above, at 1.20 p.m.

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

	Date of onset
Osteomyelitis Non T.B.	
Of leg (Fibula)	
Syphilis	

Other contributory causes of importance:

34

Name of operation: Saucerization Date of: May 36

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?
If so, specify

(Signed) J M Lyday, M. D.

(Address) City Hospital No.1