AUG - 5 1937

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

Do not use this space.

25811

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

File No. 6985

Registered No. .....

City St. Louis (No. ....., Deaconess Hospital St. ..... Ward)

2. FULL NAME Alvina Huebner

(a) Residence, No. 5125 Donovan Avenue St., 3 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Gottlieb Huebner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 11, 1869

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	68	5	9	

OCCUPATION

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

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) Pocahaonta Illinois

FATHER

13. NAME J. L. Luchsinger

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Robert Huebner 5125 Donovan Avenue

18. BURIAL, CREMATION, OR REMOVAL

PLACE Sunset Burial Park DATE July 23, 1937

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

20. FILED JUL 22 1937 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 20, 1937, to July 20, 1937

I last saw her alive on July 20, 1937 Death is said to have occurred on the date stated above, at 7.18 P. M.

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

Myocarditis, Chr
Carcinoma Rectum

Date of onset 6 mo

Other contributory causes of importance:
Hernia (abdominal)

Name of operation Colastomy Date of June 21 1937

What test confirmed diagnosis? Biopsy 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) Martyn Schattyn, M. D.

(Address) 505 Humboldt Bldg. St Louis Mo.

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.