

AUG 30 1937

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

Do not use this space.

1. PLACE OF DEATH

County St. LouisRegistration District No. 780Township St. LouisPrimary Registration District No. 6025

City..... (No.....)

File No. 28259Registered No. 36

St. Ward)

2. FULL NAME Emile Huber

(a) Residence, No. 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

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

single

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

single

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

January 1877

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

65513

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

Retired Home

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 Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

St. Louis County Mo

13. NAME

Adolph Huber

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

Germany

15. MAIDEN NAME

Gene Mosheim

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

Germany

17. INFORMANT (ADDRESS)

Mrs. B. B. ...

18. BURIAL, CREMATION, OR REMOVAL

PLACE Our ... Mo DATE July 7 1937

19. UNDERTAKER (ADDRESS)

W. W. ...

20. FILED

July 6 1937 T. W. Douglas Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 5 193722. I HEREBY CERTIFY that I attended deceased from Sept. 20 1936 to July 5 1937I last saw him alive on June 30 1937. Death is said to have occurred on the day stated above, at 2:10 m.

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

Chronic MyocarditisDate of onset 1930

Other contributory causes of importance:

ABC

Name of operation..... Date of.....

What test confirmed diagnosis? Clinical 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) Arthur E. Sawyer, M. D. (Address) 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.

WHILE PRINTING, WITH CORRECTIONS—THIS IS A PERMANENT RECORD

