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

Do not use this space.

28824

File No. .....

Registered No. 7457

SEP 10 1937

1. PLACE OF DEATH

County .....

Township .....

City St. Louis Mo. (No. 2118 Nebraska St. ..... Ward)

Registration District No. 701

Primary Registration District No. 1003

2. FULL NAME Rose M. Huber

(a) Residence, No. 2118 Nebraska St., 23 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	Single

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

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	51	10	30	

OCCUPATION

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

FATHER

13. NAME Charles Huber

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

MOTHER

15. MAIDEN NAME Petronilla Samona

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

17. INFORMANT Chas. Huber
(ADDRESS) 2118 Nebraska

18. BURIAL, CREMATION, OR REMOVAL
PLACE S.S. Peter & Paul DATE Aug 9 37

19. UNDERTAKER Thos. Kutes
(ADDRESS) 2906 Gravois Ave.

20. FILED AUG 6 1937 J. P. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from January 1, 1935, to July 21, 1937
(Last saw h. or alive on August 5, 1937. Death is said to have occurred on the date stated above, at 2:15 P.m.
The principal cause of death and related causes of importance were as follows:

Apoplexy — Date of onset 8-5-37

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Other contributory causes of importance:
Hypertension
Nephritis, chronic

Name of operation none Date of
What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury ....., 19....
Where did injury occur? none
(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) J. Phil. Gardenhier, M. D.
(Address) 940 Mo Theatre 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.

WRITE PLAINLY WITH INDELIBLE INK—THIS IS A PERMANENT RECORD

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