

REC'D APR 1 1938

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

8828

Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **St Louis mo** (d) Street No. **BARNES HOSPITAL** Registered No. **2417**
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. / Sds. **1 Sds.**

2. PRINT FULL NAME **Victor Fred Huebener 156**

(a) Residence, No. St. **NR Brighton Ill**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 **Mamie Huebener**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **8-16-1889**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. **48 6 24**
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. **chamber**
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) **Jersey Co. Ill**13. NAME **Frank Huebener**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Marysville Ill**15. MAIDEN NAME **Emily Ann Schneider**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Jersey Co. Ill**17. INFORMANT **Mamie Huebener** (ADDRESS) **Brighton Ill**18. BURIAL, CREMATION, OR REMOVAL PLACE **Brighton Ill** DATE **3-11 1938**19. FUNERAL DIRECTOR **Rowland Mortuary Service** (ADDRESS) **435 S Washington**20. FILED **MAR 11 1938** **J. B. Brudick**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **March 10 - 1938**22. I HEREBY CERTIFY, That I attended deceased from **25 - 1938, to March 10, 1938**I last saw him alive on **3 - 10 - 1938** Death is said to have occurred on the date stated above, at **10:40 P.M.**

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

Intestinal obstruction complete Date of onset **3/4**
Carcinoma of stomach, metastases, general abdominal

Other contributory causes of importance:

Permeous anemia **3-4 yrs**Name of operation **None** Date ofWhat test confirmed diagnosis? **X-ray** Was there an autopsy? **yes**

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) **Engene M. Bricker**, M. D.(Address) **BARNES HOSPITAL**

WRITE PLAINLY, WITH UNFADING INK. 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.

STATEMENT BY LICENSED EMBALMER

I, Howard H. Rowland, Licensed Embalmer No. 3114

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Howard H. Rowland
Licensed Embalmer No. 3114

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)