

REC'D NOV 16 1938

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

34031

Do not use this space.

9017

1. PLACE OF DEATH

- (a) County 5260 Gilmore Ave Registration District No. **791**
(b) Township..... Primary Registration District No. **1008** Registered No.
(c) City..... (d) Street No. (If death occurred in Hospital or Institution, write its name instead of street and number) St.
(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. ds.

2. PRINT FULL NAME

- 160 MICHAEL HUBER
(a) Residence, No. 5260 GILMORE AVE St. 7 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 BERTHA HUBER
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JANUARY 9th 1852
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
86 9 5

- OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. CIGAR MAKER
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 18 yrs. 11. Total time (years) spent in this occupation

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

- FATHER
13. NAME MICHAEL HUBER
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

- MOTHER
15. MAIDEN NAME STEPHAN BENDER
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

17. INFORMANT BERTHA HUBER
(ADDRESS) 5260 GILMORE

18. BURIAL, CREMATION, OR REMOVAL PLACE CALVARY DATE 17th 1938

19. FUNERAL DIRECTOR Merk & Dickman
(ADDRESS) 3039 EASTON AVE.

20. FILED OCT 16 1938 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 14 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 11th 1938 to Oct 14th 1938
I last saw h. w. alive on 2 A. M. 10-13-38 Death is said to have occurred on the date stated above, at 2 A. m.

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

Ch. Hypertens. & Coronary embolus. 10-13
Date of onset ?

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis? Cholesterol 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 Heart & Lung (Signed) Walt J. Cune M. D.
(Address) 5738 W. Florissant

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

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

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed *Howard F 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.)