

NOV 16 1938

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

Do not use this space.

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City **St. Louis** (No. **4037 Nebraska Avenue**) St. Ward)

File No. **34098**
Registered No. **9084**

2. FULL NAME

Baby Huber
(a) Residence, No. **4037 Nebraska** St., **15** Ward.

(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

MEDICAL CERTIFICATE OF DEATH

3/ SEX **Unknown** 4. COLOR OR RACE **W** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Single**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **10/17**, 19**38**

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

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw h. alive on **10-17**, 19**38** Death is said

to have occurred on the date stated above, at **5:30 P.M.**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **10/19/38**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

Malformation of the respiratory system
Date of onset

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

Other contributory causes of importance:
Stillborn

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

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

MOTHER FATHER
13. NAME **George H. Huber**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19.....

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

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

15. MAIDEN NAME **Beacie Huber**

Manner of injury
Nature of injury

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

24. Was disease or injury in any way related to occupation of deceased? If so, specify

17. INFORMANT **George H. Huber**
(ADDRESS) **4037 Nebraska Avenue**

(Signed) **B. A. Guster**, M. D.
(Address) **439 Bate St**
St. Louis Mo

18. PLACE OF CREMATION **Calvary Cemetery** DATE **Oct. 17, 1938**

19. UNDERTAKER (ADDRESS) **St. Louis**

20. FILED **OCT 18 1938** Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

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