

MAR 15 1939

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

Do not use this space.

1. PLACE OF DEATH

County St Charles Registration District No. 760 B
Township Osborne Primary Registration District No. 6001
City St. William (No. _____) St. _____ Ward _____

File No. 7648
Registered No. 70

2. FULL NAME

(a) Residence, No. Osborne St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 3 1/2 yrs. mos. ds. How long in U. S., if of foreign birth? 6 1/2 yrs. mos. ds. (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 Mrs. Mary Schwendeman (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 11, 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
80 9 25

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

13. NAME Peter Huber

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

15. MAIDEN NAME not known

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

17. INFORMANT Mr. Joe Huber (ADDRESS) Osborne

18. BURIAL, CREMATION, OR REMOVAL PLACE Osborne Mo DATE Mar. 10 1939

19. UNDERTAKER E. A. Keithly (ADDRESS) Osborne Mo

20. FILED Mar 9 1939 E. A. Keithly Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 6 1939

22. I HEREBY CERTIFY, That I attended deceased from April 30 1939, to Mar. 6 1939
I last saw him alive on Mar. 6 1939. 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:

Myocarditis
Pulmonary Edema
Date of onset 3-3-39

Other contributory causes of importance: Age

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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) Nicholas J. Honick, M. D.
(Address) O'Fallon, 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.

