

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.

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

37621

State File No. _____

Registration District No. 791
1005

Primary Registration District No. _____

Registrar's No. 9460

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
DePaul Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 16 Days
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME MARY M. HUBERT 163
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Edwin Hubert 6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased Nov. 13. 1904
(Month) (Day) (Year)

8. AGE: Years 34 Months 11 Days 19 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name William Gietz

13. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Edwin Hubert

(b) Address 903 Penrose Str.

17. (a) Burial (b) Date thereof 11/6/39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park.

18. (a) Signature of funeral director W. A. STOCK

(b) Address 2117 E. Grand Blvd.

19. (a) NOV 6 1939 (b) J. F. Bredich
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 903 Penrose Str 9
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 2
year 1939 hour 10 minute 45 P. M.

21. I hereby certify that I attended the deceased from Oct. 17, 1939
_____, 19____, to Nov. 2, 1939, 19____;
that I last saw her or alive on Nov. 2, 1939, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Multiple sclerosis

Due to _____

Due to _____

Other conditions Pyonephrosis
Severe second degree burns
of face, right arm, chest, abdomen, thighs

Major findings: _____
Of operations _____

Of autopsy Multiple sclerosis; pyonephrosis

22. If death was due to external causes, give in the following:

(a) Accident, suicide, or homicide (specify) accident Oct., 17-1939

(b) Date of occurrence _____

(c) Where did injury occur? St. Louis Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
in home

While at work? _____ (Specify type of place)

(e) Means of injury fell with a
pan of boiling water

23. Signature Henry C. Westerman (M. D. or other) M.D.

Address 2136 East Grand Ave. Date signed Nov. 3, 1939

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.