

S. No. 2
—11-10-39
v. 5-17-39
X2142

96
238

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JUN 6 1941
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19043

Registration District No. 784 Primary Registration District No. 111 Registrar's No. 1081

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Richmond Heights
(c) Name of hospital or institution:
St. Marys Hosp. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 wks.
(Specify whether
In this community
years, months or days)

9. (a) PRINT FULL NAME Lottie Huber
8. (b) If veteran, name war no 8. (c) Social Security No. no

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Herman Huber 6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased March 30, 1885
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
56 1 19 hr. min.

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

10. Usual occupation Housewife

11. Industry or business
12. Name Sebastian Kohler
18. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Emma Kattelmann
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Herman Huber
(b) Address 6927 Marquette

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-22-1941
(Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cem.

18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester

19. (a) MAY 22 1941 (Date received local registrar) (b) [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 005
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 6927 Marquette (If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY 19 day 1941
year 1941 hour 11 minute 50 P. M.

21. I hereby certify that I attended the deceased from 13 April 1941 to May 19 1941;
that I last saw her alive on 19 May 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death General Carcinomatous
Carcinoma of Breast
Due to Carcinoma of Breast
Due to 50
Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: Carcinoma Breast
Of operations General Carcinomatous
Of autopsy Secondary to Breast
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work (Specify type of place) (e) Means of injury _____
23. Signature [Signature] (M. D. or other) _____
Address [Signature] Date signed 5/20/41

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

J. P. Burgess

Licensed Embalmer No. 4029

P. O. Address Maplewood

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.