

FILED MAR 11 1943

Registration District No. 187

Primary Registration District No. 200

Registrar's No. 302

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Jennings
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
8525 Clifton Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community Birth (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Jennings
(If outside city or town limits, write "RURAL")
(d) Street No. 8525 Clifton Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country A

3. (a) PRINT FULL NAME Veronica Huber

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 Widow

6. (b) Name of husband or wife George Huber 6. (c) Age of husband or wife if alive ----- years

7. Birth date of deceased December 3, 1855
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
87 2 2 ..hr. ..min.

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

10. Usual occupation At home

11. Industry or business

MOTHER FATHER { 12. Name ? Hermann
13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Henry A. Huber

(b) Address 8525 Clifton Ave Jennings

17. (a) Burial (b) Date thereof 2/8/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) FEB 6 1943 (b) E. S. McPherson, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 5th
year 1943 hour 8:45 AM minute .. M.

21. I hereby certify that I attended the deceased from Feb 1 1943 to Feb 5 1943
that I last saw h.e.r. alive on Feb 5 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia Duration 4 days

Due to ..
Due to ..

Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations 107
Of autopsy ..

PHYSICIAN

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) ..
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 at (Specify type of place) (e) Means of injury D
Signature [Signature] (M. D. or other)
Address 6704 W. Edmonson Date signed Feb 5/43

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

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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 Francis C. Williamson

Licensed Embalmer No. 3565

P. O. Address St Louis Mo

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, fact should be so stated above.