

FILED MAY 18 1943

Registration District No. 18

Primary Registration District No. 1003

Registrar's No. 4330

1. PLACE OF DEATH:

(a) County.....
(b) City or town St Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1912 Garden St /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community..... Life
(Specify whether years, months or days)

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. 1912 Garden
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME ELIZABETH HUBER

3. (b) If veteran, name war..... 3. (c) Social Security No. 489-16-4887843

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

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

7. Birth date of deceased..... Sept. 16th 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 7 22 hr. min.

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

10. Usual occupation TOBACCO WORKER

11. Industry or business.....

12. Name Casper Huber

13. Birthplace Bohemia
(City, town, or county) (State or foreign country)

14. Maiden name Mary Suda

15. Birthplace Bohemia
(City, town, or county) (State or foreign country)

16. (a) Informant Anna Edler

(b) Address 1912 Garden

17. (a) Burial (b) Date thereof May 11/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director Thorpe

(b) Address 2906 Gravois Ave.

19. (a) MAY 10 1943 (b) J. J. Predeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8th hour 9 16 min PM M. Mo.

21. I hereby certify that I attended the deceased from Mar. 24 1942 to May 8 1943; that I last saw him alive on May 8 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration 4 days

Due to Hypertensive Cardiac Disease with Congestive Cardiac Failure 4 yrs

Due to Cardiac Failure

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....

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).....

(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 Dr. T. D. Blaylock (M.D. or other)

Address 1415 Salisbury City Date signed 5/10/43

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

MOTHER FATHER

489-16-4881.

Lizzie Huber

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..... *David Van Johnson*

Licensed Embalmer No. *4242*

P. O. Address *2906 Bram*

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.