

7550 JUN 25 1943 318  
Registration District No. 318

Primary Registration District No.

1. PLACE OF DEATH:

(a) County.....  
(b) City or town St. Louis, Missouri  
(c) Name of hospital or institution:  
Deaconess Hospital  
(d) Length of stay: In hospital or institution.....  
In this community..... 50 years (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME Gottlieb Huebner

3. (b) If veteran, name war..... 3. (c) Social Security No.....

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

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

7. Birth date of deceased..... November 3, 1863  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
79 7 13 .....hr. ....min.

9. Birthplace..... Germany 4  
(City, town, or county) (State or foreign country)

10. Usual occupation..... Retired

11. Industry or business..... 25 years

12. Name..... Karl Huebner

13. Birthplace..... Germany 4  
(City, town, or county) (State or foreign country)

14. Maiden name..... Unknown

15. Birthplace..... Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant..... R. L. Huebner

(b) Address..... 5125 Donovan

17. (a) Burial (b) Date thereof..... 6 19 43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Sunset Burial Park

18. (a) Signature of funeral director..... Stuckey-Walden Fun. Co.  
(b) Address..... 3634 Gravois Ave.

19. (a) JUN 18 1943 (b) J. F. Brudeck  
(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..... 3411a Alberta  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... June day..... 16  
year..... 1943 hour..... 3 minute..... 50 P.M.

21. I hereby certify that I attended the deceased from Mar 20 1943  
....., 19....., to June 16, 1943  
that I last saw him alive on June 16, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death..... Myocarditis Duration

Due to Chronic Hepatitis, Anemia

Due to.....

Other conditions..... 1/21  
(Include pregnancy within 5 months of death)

Major findings: Of operations..... none PHYSICIAN

Of autopsy..... none 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..... Martin Schaffner M.D. (M. D. or other)  
Address..... 505 Humboldt Bldg Date signed June 17/43

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

MOTHER FATHER

Fr 886  
2 to 6 PM

**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..... *Robert C. Wheeler* .....

Licensed Embalmer No. *2128* .....

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.**