No. 2
—2-43
5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 4 1944

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 459

Registrar's No. 854

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:
4240 A Lawn Ave. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 70 Years In St Louis
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. 4240 A Lawn Ave.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME ANNA HUBER

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John Huber

6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased July (Month) 2 (Day) 1862 (Year)

8. AGE: Years 81 Months 6 Days 24 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business Housewife.

FATHER
12. Name Frank Touzinsky
13. Birthplace Bohemia (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Masek
15. Birthplace Bohemia (City, town, or county) (State or foreign country)

16. (a) Informant John Huber
(b) Address 4240 A Lawn Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 29/44 (Month) (Day) (Year)
(c) Place: burial or cremation Old S. S. Peter & Paul

18. (a) Signature of funeral director Thos Kutis & Son
(b) Address 2906 Gravois Ave.

19. (a) JAN 27 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 26 year 1944 hour 6:00 minute P. M.

21. I hereby certify that I attended the deceased from 1-25-44, 19 , to 1-26-44, 19 ; that I last saw her alive on 1-26-44, 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma (Carcinoma) (large bowel) at caecal valve — Duration 1 yr.

Due to

Due to

Other conditions Hypertension
(Include pregnancy within 3 months of death)

Major findings:
Of operations X
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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other)
Address 4523 S. King Shaw Date signed 2/7/44

(Licensed Embalmer's Statement on Reverse Side)

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 Fossan

Licensed Embalmer No. 4242

P. O. Address 2906 Grassis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.