

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

FILED

JUL 26 1946
318

STANDARD CERTIFICATE OF DEATH
1003

State File No. 25367

Registration District No.

Primary Registration District No.

Registrar's No. 6395

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:
3017a Elliot Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 65 Yrs 8 Mons 29 Days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County.....
(c) City or town St., Louis Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 3017a Elliot Ave.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Fred W Huber

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lydia Huber 6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased 10 19 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 8 29 hr. min.

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

10. Usual occupation Meat Cutter

11. Industry or business.....

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

16. (a) Informant Lydia Huber
(b) Address 3017a Elliot Ave
17. (a) Burial (b) Date thereof 7 - 22 - 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Dorshart & Goodhart
(b) Address 2228 St. Louis Ave.

19. (a) JUL 20 1946 (b) Registrar's signature J. F. Bredek
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18
year 1946 hour 4 minute 45p M.

21. I hereby certify that I attended the deceased from Last 5 yrs
to July 18 1946
that I last saw him alive on July 18 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis

Due to.....
Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....
Of autopsy.....

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) Means of injury.....

23. Signature G. W. Keller (M. D. or other).....
Address 3121 Grand Date signed 7/19/46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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 Marie A. Cashion
Licensed Embalmer No. 3948
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.