. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 30 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 142311

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3268

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: 4242 LOUISIANA 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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County 000
(c) City or town ST. LOUIS 17 (If outside city or town limits, write "RURAL")
(d) Street No. 4242 LOUISIANA AVE 9 (If rural, give location) 10
(e) Citizen of foreign country? (Yes or No) 15
If yes, name country

3. (a) PRINT FULL NAME WALTER H. HUBELI
3. (b) If veteran, name war 1ST WAR.
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 EVA HUBELI
6. (c) Age of husband or wife if alive 41 years
7. Birth date of deceased JULY 5. (Month) 1894 (Day) (Year)
8. AGE: Years 53 Months 8 Days 28 If less than one day hr. min.
9. Birthplace ST LOUIS MO (City, town, or county) (State or foreign country)
10. Usual occupation SALES MANAGER COAL CO
11. Industry or business
FATHER 12. Name JACOB HUBELI
13. Birthplace SWITZERLAND (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name JOSEPHINE MEYER
15. Birthplace SWITZERLAND (City, town, or county) (State or foreign country)
16. (a) Informant EVA HUBELI
(b) Address 4242 LOUISIANA AVE
17. (a) CREMATION (Burial, cremation, or removal) (b) Date thereof Apr. 3-48 (Month) (Day) (Year)
(c) Place: burial or cremation MISSOURI CREMATORY
18. (a) Signature of funeral director Rodriguez & Son
(b) Address 2906 GRAVOIS AVE
19. (a) APR 5 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Apr. 14 day 3 year 1948 hour 11 minute 00 P M.
21. I hereby certify that I attended the deceased from , 19, to , 19; that I last saw h alive on , 19; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Coronary Thrombosis
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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 (M.D. or other)
Address Date signed 4/1/48

Jefferson City Printing Co.
(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 Leo J. Budde

Licensed Embalmer No. 3989

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.