

FILED NOV 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38635
Registrar's No. 9232

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (in this place) 4 days		2079	
d. FULL NAME OF HOSPITAL OR INSTITUTION Stone Nursing Home		7. STREET ADDRESS (If rural, give location) 5006 Genevieve Avenue	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) William	b. (Middle) C.	c. (Last) Huber	(Month) Oct.	(Day) 29,	(Year) 1950
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH February 17, 1894	9. AGE (In years last birthday) 56	# UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Coffin, Illinois	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Godfrey Huber	13b. MOTHER'S MAIDEN NAME Helena Travola	14. NAME OF HUSBAND OR WIFE Marie Huber
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes 1st world war	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Wm. C. Huber, 5006 Genevieve Avenue

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 24 hr. 10 yr.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage, Massive		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Arteriosclerosis DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 321X

22. I hereby certify that I attended the deceased from ~~April 14~~ **April 14, 1949**, to **Oct. 28, 1950**, that I last saw the deceased alive on **Oct. 28, 1950** and that death occurred at **6:20a m.**, from the causes and on the date stated above.

23a. SIGNATURE Bennett R. Wood, M.D.	23b. ADDRESS 3 442 Geraldine St. Louis 15, Mo.	23c. DATE SIGNED 10-30-50
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 10-31-50	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery
DATE REC'D BY LOCAL REG. OCT 30 1950		24d. LOCATION (City, town, or county) (State) St. Louis Missouri
REGISTRAR'S SIGNATURE J. B. Lester		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Math Hermann & Son, Inc., 2161 E. Fair Ave.

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____
 working under my personal supervision.

Signed _____ Student Embalmer No. _____
 Signed _____ Student Embalmer No. _____
 Signed _____ Student Embalmer No. _____
 Signed _____ Student Embalmer No. _____

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Walter G. Burnley

Signed _____ Student Embalmer No. _____

Licensed Embalmer No. 4702

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.