

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11243

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)		2239	
d. FULL NAME OF HOSPITAL OR INSTITUTION Little Sisters of the Poor		e. STREET ADDRESS (If rural, give location) 316 Lami St.	

3. NAME OF DECEASED (Type or Print) a. (First) Caroline b. (Middle) Huber c. (Last) Huber			4. DATE OF DEATH (Month) (Day) (Year) Dec. 30, 1950		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 8, 1860	9. AGE (In years last birthday) 90	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (State or foreign country) Millstadt, Illinois	12. CITIZENSHIP OF WHAT COUNTRY?
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13a. FATHER'S NAME Bernard Wichman	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Joseph Huber
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Josephine Kuenke 4439 Miami St.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *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. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio Sclerosis		INTERVAL BETWEEN ONSET AND DEATH 2 weeks
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Insufficiency		
	DUE TO (c) Fractured Neck Aug 1950		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. on City of St. Louis			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.) City of St. Louis	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Aug. 8 1950	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fell on floor
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22. I hereby certify that I attended the deceased from Sept 6, 1950, to Sept 31, 1950, that I last saw the deceased alive on Dec 27, 1950 and that death occurred at 7:45 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Owen P. ...	23b. ADDRESS 507 No Grand	23c. DATE SIGNED 1/30/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan. 2, 1951	24c. NAME OF CEMETERY OR CREMATORY SS. Peter & Paul	24d. LOCATION (City, town, or county) (State) (St. Louis, Mo.)
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DATE REC'D BY LOCAL REG. JAN 1 1951	REGISTRAR'S SIGNATURE J. B. ...	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Weick Bros. 2201 So. Grand Blvd.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....  
Student Embalmer

Signed *J. Allen Parisi*

Licensed Embalmer No. *4053*

P. O. Address *Ph.D.*

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.