No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED FEB 9 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4417

BIRTH NO. _____ REG. DIST. NO. 319 PRIMARY REG. DIST. NO. 6089 Registrar's No. 11

1. PLACE OF DEATH
a. COUNTY: STE. GENEVIEVE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL UNION T.S.
c. LENGTH OF STAY (In this place): 66 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): WEINGARTEN MO RR#1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: STE. GENEVIEVE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL UNION T.S. 0950
d. STREET ADDRESS (If rural, give location): WEINGARTEN RR#1 0

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIAM
b. (Middle): ANTON
c. (Last): HUBER

4. DATE OF DEATH (Month) (Day) (Year): JAN. 30 1953

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: JULY 1 1875
9. AGE (In years last birthday): 77 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): ZELL MO
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: FRANK HUBER
13b. MOTHER'S MAIDEN NAME: URSULA BEISER
14. NAME OF HUSBAND OR WIFE: ANNA HAELER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Leonard Huber — **ADDRESS**: Weingarten Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cardiac Dilatation — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Myocarditis
DUE TO (c) Coronary heart disease
Coronary Sclerosis
Generalized hypertension

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 443X
20. AUTOPSY? YES ☐ NO ☐

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* June, 1952 *to* Jan 30, 1953, *that I last saw the deceased alive on* Jan 25, 1953, *and that death occurred at* 9:45 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Elaporidis M.D.
23b. ADDRESS: St. Genevieve Mo
23c. DATE SIGNED: Feb 2 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: FEB 3 1953
24c. NAME OF CEMETERY OR CREMATORY: LADY HELP OF CHRISTINES
24d. LOCATION (City, town, or county) (State): WEINGARTEN MO

DATE REC'D BY LOCAL REG.: Feb. 2, 1953
REGISTRAR'S SIGNATURE: Lucille Basler 481
25. FUNERAL DIRECTOR'S SIGNATURE: Geo. C. Barber Sr. — **ADDRESS**: Genevieve Mo

(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 .....

....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Adrian J. Ekler

Licensed Embalmer No. 4740

P. O. Address Ste. Genevieve,

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

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