

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

44268

State File No. ....

FILED JAN 5<sup>TH</sup> 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11357**

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) c. LENGTH OF STAY (In this place)  
**Saint Louis** **55 Yrs.** c. CITY (If outside corporate limits, write RURAL and give township)  
OR TOWN **Saint Louis**

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION  
**4218 Athlone Avenue, 15,** d. STREET ADDRESS (If rural, give location)  
**10 4218 Athlone Avenue, 15,**

3. NAME OF DECEASED a. (First) **CHARLES** b. (Middle) **C.** c. (Last) **HUBER** 4. DATE OF DEATH (Month) (Day) (Year)  
**November 28th, 1953**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **March 5th, 1896** 9. AGE (In years last birthday) **57** IF UNDER 1 YEAR Months Days IF UNDER 6 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Police Officer** 10b. KIND OF BUSINESS OR INDUSTRY **Metropolitan Police Department** 11. BIRTHPLACE (State or foreign country) **Red Bud, Illinois** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Adam Huber** 13b. MOTHER'S MAIDEN NAME **Sophia Ludwig** 14. NAME OF HUSBAND OR WIFE **Gertrude B. Huber nee Glon**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** (If yes, give war or dates of service) **None** 16. SOCIAL SECURITY NO. **Unknown** 17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Gertrude B. Huber, 4218 Athlone Ave., 15,**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Internal and external hemorrhage following gunshot wound of chest. in his home about Dec 30 per Nov 28 1953**  
\*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION **Suicide** 20. AUTOPSY? YES  NO

21a. ACCIDENT (Specify) **Suicide** 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **Home** 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) **St Louis Mo**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) **Nov 28 53 3:30** 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? **E976X**

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **3:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Patrick C. Taylor, Colonel** 23b. ADDRESS **1300 Clark** 23c. DATE SIGNED **12.1.53**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **12/2/53** 24c. NAME OF CEMETERY OR CREMATORY **Calvary Cemetery** 24d. LOCATION (City, town, or county) (State) **St. Louis, Missouri**

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE **DEC 1 1953 J. Carl Smith, M.D.** GENERAL DIRECTOR'S SIGNATURE ADDRESS **FUNERAL HOME, INC., 4828 Natural Bridge Blvd. St. Louis, 15, Mo.**

WRITE PLAINLY—USING 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.....

working under my personal supervision.

Student Embalmer No.....

Signed John A. Minner

Signed.....  
Student Embalmer

Licensed Embalmer No. 4186

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.