

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

10130

State File No.

FILED APR 2 1954 BIRTH NO. REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2859**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY 2247	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 2850 S. 18th		e. STREET ADDRESS (If rural, give location) 24 2850 S. 18th St.	

3. NAME OF DECEASED (Type or Print)	a. (First) Harry	b. (Middle) Edward	c. (Last) Huber	4. DATE OF DEATH (Month) (Day) (Year) Mar. 28 1954
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5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Feb 8 1885	9. AGE (In years last birthday) 69	10. UNDER 1 YEAR Months 69 Days	11. UNDER 4 HRS. Hours 0 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) firester	10b. KIND OF BUSINESS OR INDUSTRY Medtronic	11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.C.
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13a. FATHER'S NAME George Huber	13b. MOTHER'S MAIDEN NAME Minnie Niederbremer	14. NAME OF HUSBAND OR WIFE Angeline Huber
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) no.	16. SOCIAL SECURITY NO. 333-03-3172	17. INFORMANT'S SIGNATURE OR NAME Angeline Huber	ADDRESS 2850 S. 18th 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Apoplexy		INTERVAL BETWEEN ONSET AND DEATH 1 day
	ANTECEDENT CAUSES Arterio Sclerosis		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Right Hemiplegia		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 334 Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Mar 21, 1954, to Mar 28, 1954, that I last saw the deceased alive on Mar 26, 1954, and that death occurred at 3:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE John W. Zimmerman	(Degree or title)	23b. ADDRESS 3014 S. Jefferson	23c. DATE SIGNED 3-29-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal.	24b. DATE Mar. 31, 1954	24c. NAME OF CEMETERY OR CREMATORY Sunset Bur. Pk.	24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.
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DATE REC'D BY LOCAL REG. MAR 30 1954	REGISTRAR'S SIGNATURE W. C. Smith	25. FUNERAL DIRECTOR'S SIGNATURE Witt Bros. LxU. Co.	ADDRESS 2929 S. Jefferson
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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, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Harold E. Witt

Licensed Embalmer No...42
P. O. Address...2929 S.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.