

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3076

State File No. ....

FILED FEB 3 1958

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 462

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 462	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY St. Clair			
b. CITY (If outside corporate limits, write RURAL and give town) Saint Louis		c. LENGTH OF STAY (in this place) 8 days		c. CITY OR TOWN Washington Park		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6113 Pointview Lane				e. STREET ADDRESS (If rural, give location) 32 1730 North 60th. Street			
3. NAME OF DECEASED (Type or Print) BARBARA		a. (First) BARBARA		b. (Middle) (NONE)		c. (Last) HUBER	
4. DATE OF DEATH Jan. 13, 1958		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH June 6, 1878		9. AGE (In years last birthday) 79		IF UNDER 1 YEAR Months 7		IF UNDER 12 MOS. Days 7	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and State or Foreign Country) Hungary		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Not Known		13b. MOTHER'S MAIDEN NAME Not Known		14. NAME OF HUSBAND OR WIFE Oscar Leopold Huber			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Oscar C. Huber 6113 Pointview Lane			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Arteriosclerotic cardio vascular disease</i> ANTECEDENT CAUSES <i>vascular disease</i> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <i>422.1</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <i>over 1 year</i>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? 2 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) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from <i>9 Jan., 1958</i> to <i>13 Jan., 1958</i> , that I last saw the deceased alive on <i>9 Jan., 1958</i> , and that death occurred at <i>11:35 a.m.,</i> from the causes and on the date stated above.							
23a. SIGNATURE <i>Robert S. Nye, M.D.</i>				23b. ADDRESS <i>3201 Arsenal St., St. Louis Mo.</i>		23c. DATE SIGNED <i>13 Jan 58</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE <i>1/14/58</i>		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) <i>E. St. Louis, Illinois</i>	
DATE REC'D BY LOCAL REG. <i>JAN 14 '58</i>		REGISTRAR'S SIGNATURE <i>Carl Smith</i>		25. FUNERAL DIRECTOR'S SIGNATURE _____		ADDRESS <i>E. St. Louis, Ill.</i>	

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 Not Embalmed, Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*[Handwritten Signature]*

Licensed Embalmer No... 6855

P. O. Address E. St. Louis

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.