

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 23 1958

3077

STATE FILE NUMBER

609

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

300

-57

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS, MO.</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>ST. LOUIS</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. LOUIS CITY HOSP. #1</u>			Length of stay in 1b	d. STREET ADDRESS <u>2370 2118 NEBRASKA</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) <u>ROBERT</u>			First	Middle <u>J.</u>	Last <u>HUBER</u>	4. DATE OF DEATH Month Day Year <u>Jan. 16, 1958</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>FEB 14 1896</u>		9. AGE (In years last birthday) <u>61</u>	F 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) <u>DRAFTSMAN</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>GROSS CHANDLIER</u>		11. BIRTHPLACE (City and state or country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U-S-A</u>	
13a. FATHER'S NAME <u>CHARLES HUBER</u>			13b. MOTHER'S MAIDEN NAME <u>PETRONILLA SAMONA</u>			14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES WAR I</u>			16. SOCIAL SECURITY NO.		17. INFORMANT Address <u>CHARLES J. HUBER 2118 NEBRASKA</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>carcinoma of lung</u> <u>E cerebral metastases</u> Conditions, if any, } DUE TO (b) which gave rise to } above cause (a), } stating the under- } lying cause last. } DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>163x</u>							INTERVAL BETWEEN ONSET AND DEATH	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)					
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.								
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE				
21. I attended the deceased from <u>1/6/58</u> to <u>1/16/58</u> and last saw her alive on <u>1/16/58</u> . Death occurred at <u>3:30 P.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.								
22. SIGNATURE (Degree or title) <u>Wilton H. Seibert M.D.</u>				22b. ADDRESS <u>1515 Lafayette Ave.</u>		22c. DATE SIGNED <u>1/17/58</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>JAN. 20 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>S.S. PETER + PAUL</u>		23d. LOCATION (City, town, or county) <u>ST. LOUIS</u>		(State) <u>MO</u>	
24. FUNERAL DIRECTOR <u>Thomas Kutes 2406 Grand</u>			ADDRESS	25. DATE RECD. BY LOCAL REG. <u>JAN 17 '58</u>		26. REGISTRAR'S SIGNATURE <u>J. Carl Smith MO</u> <u>MSB</u>		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Loj Budd*

Licensed Embalmer No. *3989*

P. O. Address *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.