

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-032367

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **7852**

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo.		Length of stay in 1b	c. CITY OR TOWN St. Louis		Inside Limits Reside on Farm <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis Altenheim		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 5408 So. Broadway		Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Mary E Huber			4. DATE OF DEATH Month August Day 8 Year 1960			
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7/25/1869	9. AGE (last birthday) 91	IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (City and state or country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A	
13a. FATHER'S NAME Joseph Hauer		13b. MOTHER'S MAIDEN NAME Margaret -----		14. NAME OF HUSBAND OR WIFE William J Huber		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. None		17. INFORMANT Address Mrs. Alma Bantle 6621 Oletha St. Louis		
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>arteriosclerotic Heart disease</u> DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) <u>Hypertension BP 280/110 Senility</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Impacted Fracture Left Hip</u>					INTERVAL BETWEEN ONSET AND DEATH 1 yr 9 mo 9 19 yrs	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			20a. ACCIDENT <input checked="" 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.) Free from chain	
20c. TIME OF INJURY 6:30 a.m. Month, Day, Year 8 4 60			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) St. Louis Altenheim		20f. CITY, TOWN, OR LOCATION St. Louis		COUNTY	STATE Mo	
21. I attended the deceased from 3-30-40 to 8-8-60 and last saw her alive on aug 5 1960 Death occurred at 8/8/60 1:05 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE Max Starbuck MA			22b. ADDRESS 572 Doree Place		22c. DATE SIGNED 8/8/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8/10/60	23c. NAME OF CEMETERY OR CREMATORY SS. Peter & Paul		23d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
24. FUNERAL DIRECTOR ADDRESS Edward Fendler 5611 So. Grand Blvd.			25. DATE RECD. BY LOCAL REG. AUG 9 1960	26. REGISTRAR'S SIGNATURE Coal Smith M.D.		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

*Paul J. ...
August 8-9-60*

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed George W Davol

Licensed Embalmer No. 479

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do 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.