

12 1940
FEB 15 1940

STANDARD CERTIFICATE OF DEATH

State File No.

4714
1544

Registration District No.

701

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2725 Caroline 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 30 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 22
(If outside city or town limits, write "RURAL")
(d) Street No. 2725 Caroline St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

8. (a) PRINT FULL NAME Robert Huebner
8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

20. DATE OF DEATH: Month Feb. day 14
year 1940 hour 2 minute 8 M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Pauline 6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased March 7, 1873
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 12, 1940 to Feb 14, 1940;
that I last saw him alive on February 9, 1940
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
66 11 7 _____ hr. _____ min.

Immediate cause of death
Diabetes Mellitus
Asthenia Senilis
Hypertension
Duration Several years

9. Birthplace _____ (City, town, or county) Germany (State or foreign country)
10. Usual occupation Teamster

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____
MOTHER FATHER { 12. Name Carl Huebner
13. Birthplace _____ (City, town, or county) Germany (State or foreign country)
14. Maiden name Caroline Fritz
15. Birthplace _____ (City, town, or county) Germany (State or foreign country)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

16. (a) Informant's own signature Pauline Huebner
(b) Address 2725 Caroline St.
17. (a) Burial (b) Date thereof 2/16/40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery
18. (a) Signature of funeral director Walter Weller
(b) Address 2331 S. Broadway
19. (a) FEB 15 1940 (b) J.F. Bredt
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature St. Louis Schuchert (M. D. or other) _____
Address 2200 Chouteau Date signed 2-16-40

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Robert Wheeler
Licensed Embalmer No. 2128
P. O. Address St. Andrews

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, above space should be left blank.