

APR 30 1930

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

10199

1. PLACE OF DEATH

County St. Louis

Registration District No. 1170

Township

Primary Registration District No. 628th

City Delmar (No. St. Marys Hosp.)

File No.

Registered No. 69

St.

Ward)

2. FULL NAME Lillian May Hubman

(a) Residence. No. 5965^e Schulte St. Ward. St. Louis 1st
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U.S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

George H. Hubman

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

3-3-1897

7. AGE

YEARS 33

MONTHS 0

DAYS 27

IF LESS than 1 day,hrs. ormin.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

St. Louis Mo

10. NAME OF FATHER

Henry Groby

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)

Missouri

12. MAIDEN NAME OF MOTHER

Hilda Foster

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

Ouagadougou

14. INFORMANT

George H. Hubman

(Address)

5965^e Schulte Ave

15. FILED

4/1 1930

G. J. J. Registrar

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

Mar 30 1930

17.

I HEREBY CERTIFY, That I attended deceased from 19..... to Mar 30 1930. that I last saw him alive on Mar 29 1930, and that death occurred, on the date stated above, at 7:20 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

144 P. 130 H. 113 Hemorrhagic cyst (Registered) left ovary - Hemoperitoneum diffuse
(duration) yrs. mos. 5 ds. +

CONTRIBUTORY (SECONDARY)

Acemias of all viscera - Chronic peritoneal effusions - Postpartum uterus -
(duration) yrs. mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED

(Home)

IF NOT AT PLACE OF DEATH 5965^e Schulte Ave.

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? Yes - St. Marys Hospital

WHAT TEST CONFIRMED DIAGNOSIS? autopsy

(Signed) Albert J. Motul M. D.

3-30 1930 (Address) 2743 No Grand Bl.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Friedens Cem.

DATE OF BURIAL

4/1 1930

20. UNDERTAKER

M. W. Stock and Co

ADDRESS

21176 Grand

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.

41

233

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Dr. P. C. ...

