

REC'D OCT 12 1938

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

30519

Do not use this space.

7956

1. PLACE OF DEATH

(a) County Registration District No.
 (b) Township Primary Registration District No.
 (c) City St. Louis (d) Street No. City Hospital No. 1 St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

D. 5734

2. PRINT FULL NAME

Oscar Tubbs
 (a) Residence, No. 1716 Waverly St. 13
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 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 Bess Tubbs

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 8, 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day.....hrs. or.....min.
61 3 29

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. laborer
 9. Industry or business in which work was done, as saw mill, bank, etc. Rwy Exp.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Bland 0
 (STATE OR COUNTRY) Missouri

FATHER
 13. NAME Alonzo Tubbs 1

14. BIRTHPLACE (CITY OR TOWN) Indiana 0
 (STATE OR COUNTRY)

MOTHER
 15. MAIDEN NAME Sarah Willard

16. BIRTHPLACE (CITY OR TOWN) Indiana
 (STATE OR COUNTRY) Missouri

17. INFORMANT Hosp. Infom. Kent
 (ADDRESS)

18. BURIAL PLACE AND DATE OF BURIAL in Memorial Pk Cem DATE 9/10/38
 PLACE DATE

19. FUNERAL DIRECTOR A. W. McLaughlin
 (ADDRESS) 2301 Lafayette Avenue

20. FILED SEP - 3 1938 J. D. Rudech Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/7/38 19

22. I HEREBY CERTIFY, That I attended deceased from 7/24/38 19 to 9/7/38 19.

I last saw him him live on 9/7/38 19. Death is said to have occurred on the date stated above, at 7.55 a.

The principal cause of death and related causes of importance were as follows:

Coronary occlusion with anterior infarction
gub
 Other contributory causes of importance:
Prostatic acute
Orchitis acute non tubercular
Epididymitis acute non tubercular
Non gonococcal

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) E. P. R. U. 1, M. D.

(Address) City Hospital No. 1

STATEMENT BY LICENSED EMBALMER

I, L. R. Cooper, Licensed Embalmer No. 3633

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed L. R. Cooper

Licensed Embalmer No. 3633

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.)