

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATHState File No. 20708  
5552Registration District No. 1003

Primary Registration District No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

## 1. PLACE OF DEATH:

- (a) County \_\_\_\_\_  
 (b) City or town Saint Louis  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Homer Phillips  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution Since June 16, 1939  
 (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
 years, months or days3. (a) PRINT FULL NAME RICHARD 1103  
R. C. Hubbard

3. (b) If veteran, name war no  
 3. (c) Social Security No. none

4. Sex M 5. Color or race C. 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Mable Hubbard 6. (c) Age of husband or wife if alive 51 years  
 7. Birth date of deceased February 22 1883  
 (Month) (Day) (Year)

8. AGE: Years 56 Months 3 Days 27 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.9. Birthplace Mississippi  
 (City, town, or county) (State or foreign country)10. Usual occupation nil

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
 { 12. Name Tom Hubbard  
 13. Birthplace Mississippi  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Mary unknown  
 15. Birthplace Unknown Unknown  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Joseph Hubbard  
 (b) Address 1900 Goodale Ave.  
 17. (a) Burial (b) Date thereof 6-23-39  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Deerwood

18. (a) Signature of funeral director C. Young  
 (b) Address 4500 Kennerly Ave.  
 19. (a) JUN 23 1939 (b) Joseph Hubbard  
 (City, town, or county) (Signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town Saint Louis  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 1900 Goodale  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

## MEDICAL CERTIFICATION -

20. DATE OF DEATH: Month June day 19  
 year 1939 hour 12 minute 08 P. M.

21. I hereby certify that I attended the deceased from June 16, 1939  
 \_\_\_\_\_, 19\_\_\_\_, to June 19, 1939 19\_\_\_\_;  
 that I last saw h. im alive on June 19, 1939, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive heart disease Duration 5-6 yrs.

Due to unknown

Due to \_\_\_\_\_

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.

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature H. J. Lyman (M. D. or other) \_\_\_\_\_  
 Address 2601 N. White Date signed 6/20/39

**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 M. L.

....., Registered Apprentice No. ....

working under my personal supervision.

Signed Clark Young

Licensed Embalmer No. 3371

P. O. Address St. James MO

**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.**