DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24393

Registration District No. 791 1003

Primary Registration District No.

Registrar's No. 6666

REC'D AUG 11 1939

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: City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 weeks (Specify whether years, months or days)

In this community Since Birth

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4347 Prairie Ave
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

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3. (a) PRINT FULL NAME Dora Hubman 155

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Ben Hubman (deceased)

6. (c) Age of husband or wife if alive years

7. Birth date of deceased December 25, 1860
(Month) (Day) (Year)

8. AGE: Years 78 Months 7 Days 3 If less than one day hr. min.

9. Birthplace St. Louis, Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation At home 6

11. Industry or business

FATHER
12. Name Thomas Herzog 6
13. Birthplace Germany
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Not known
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature X George Hubman
(b) Address R4 Box 963 Baden Station

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 31-39
(Month) (Day) (Year)
(c) Place: burial or cremation Friedens

18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave

19. (a) JUL 31 1939 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28
year 1939 hour 2:20 PM minute M.

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

Immediate cause of death Fracture Left Femur Suffered when deceased fell at rear yard of her home

Due to Baden Station Mo July 1st 1939 about

Due to 8:00 P.M.

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

186a

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22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence July 1939
(c) Where did injury occur? St Louis Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home
(Specify type of place)
While at work? No (e) Means of injury Fall

23. Signature Alfred Perry (M. D. or other)
Address Deputy Coroner Date signed 7/31/39

(Licensed Embalmer's Statement on Reverse Side)

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. William G. Buchhol

Licensed Embalmer No. 2110

P. O. Address. St. Louis, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.