

WHILE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

AUG 7 1939
Registration District No. 200

Primary Registration District No. 104

Registrar's No. 1281

1. PLACE OF DEATH: 3

(a) County St. Louis

(b) City or town Ferguson
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Pollock's Nursing Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Ten Years
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Missouri (b) County St. Louis

(c) City or town Ferguson
(If outside city or town limits, write "RURAL")

(d) Street No. 501 Carson Rd
(If rural, give location)

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

3. (a) PRINT FULL NAME Emma Melville Hubler 146

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14
year 1939 hour 2:45 minute 9 M.

21. I hereby certify that I attended the deceased from June 1938
to July 14 1939
that I last saw her alive on July 14 1938
and that death occurred on the date and hour stated above.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Joseph M. Hubler

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

7. Birth date of deceased May 13, 1860
(Month) (Day) (Year)

Immediate cause of death Terminal Pneumonia Duration 2 days

Due to Cerebral Hemorrhage 5 days

Due to 93c

Other conditions Regenerative Heart Disease
Arteriosclerosis

8. AGE: Years 70 Months 2 Days 1
If less than one day _____ hr. _____ min.

9. Birthplace Coatsville Penna
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Henry Eisenhour

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Margaret
(City, town, or county) (State or foreign country)

15. Birthplace Germany
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Claude P. Metcalf

(b) Address 7228 Roland Dr.

17. (a) Cremation (b) Date thereof July 17 '39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crem.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence no

(c) Where did injury occur? no
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? no

While at work? no (Specify type of place) (e) Means of injury no

23. Signature M. Stoehle (M. D. or other) _____
Address 2000 E Grand Date signed 7-15-39

18. (a) Signature of funeral director Wagner-Town-Fox Inc

(b) Address 3402 No. Highways

19. (a) JUL 15 1939 (Date received local Registrar)

W. M. Stoeckle (Registrar's signature)

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 W. Napp

Licensed Embalmer No. 1861

P. O. Address.....

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.