

REGD NOV 13 1939 791

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County 1003
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: in hospital or institution 15 yrs. 13 day
59 yrs. 1 mo. 18 days (Specify whether
in this community years, months or days)

3. (a) PRINT FULL NAME Augusta Hubbard 163

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Charles Hubbard 6. (c) Age of husband or wife if alive years
7. Birth date of deceased August 23 1880
(Month) (Day) (Year)

8. AGE: Years 59 Months 1 Days 28 If less than one day
hr. min.

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

10. Usual occupation Housework

11. Industry or business

12. Name Unknown
18. Birthplace New Jersey
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature J. Meggendorff

(b) Address 5400 Arsenal

17. (a) Burial (b) Date thereof Oct. 3-1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director M. M. Schumacher

(b) Address 4834 National Bldg

19. (a) OCT 3 1939 (b) J. T. Goodcock
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 6
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5746 No. Market
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 1,
year 1939 hour 6:35 minute p. M.

21. I hereby certify that I attended the deceased from 7-1-39, 19____, to 10-1-39, 19____;
that I last saw her alive on 10-1-39, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Gastro Intestinal tract with Metastasis Duration
Primary site Undetermined
7-1-39x

Due to Cardiac Decompensation 9-25-39

Due to Emphyema right 9-25-39x

Encephalomalacia of Cerebellum

right onset?

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy Yes

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 _____

28. Signature R. H. Yeou (M. D. or other) M.D.

Address 5400 Arsenal Date signed 10-2-39

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed

John Fetter
.....
Licensed Embalmer No. 3880

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.