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

OCT 10 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31565

Registration District No. 104 Primary Registration District No. 3008 Registrar's No. 243

1. PLACE OF DEATH:

(a) County Callaway

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

(c) Name of hospital or institution: State Hospital #1 3 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 mos 25 days (Specify whether years, months or days)

In this community 3 mos 25 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County —

(c) City or town St. Louis 0 (If outside city or town limits, write "RURAL")

(d) Street No. 5927 Cabany place (If rural, give location)

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

3. (a) PRINT FULL NAME SAMUEL HUBERT

3. (b) If veteran, name war DK

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife DK

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

7. Birth date of deceased May (Month) 15 (Day) 1871 (Year)

8. AGE: Years 69 Months 4 Days 28 If less than one day ..... hr. ..... min.

9. Birthplace Jersey City (City, town, or county) N. J. (State or foreign country)

10. Usual occupation DK

11. Industry or business DK

FATHER 12. Name George Hubert

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

MOTHER 14. Maiden name DK

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

16. (a) Informant State Hosp. #1 records

(b) Address Fulton, Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9/22/40 (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis, Missouri

18. (a) Signature of funeral director Leo G. Wallace

(b) Address Fulton, Missouri

19. (a) Sept. 22, 1940 (Date received local registrar) (b) R. N. Crews (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 22 year 1940 hour 11 minute 20 A. M.

21. I hereby certify that I attended the deceased from May 28, 1940, to Sept 22, 1940; that I last saw him alive on Sept 22, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral arterio. sclerosis — Duration years?

Due to unknown

Due to 97

Other conditions generalized arteriosclerosis — years?
(Include pregnancy within 3 months of death)

Major findings:
Of operations none performed

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) no

(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? No (Specify type of place) (e) Means of injury

23. Signature John J. Blasko MD (M. D. or other)

Address Fulton, Mo Date signed 9/22/40

(Licensed Embalmer's Statement on Reverse Side)

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 James A. Mudd

Licensed Embalmer No. 4152

P. O. Address Fulton, Mo.

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

If this body is not embalmed, fact should be so stated above.