

1924
No. 2
1-10-39
-17-39
X21492

STANDARD CERTIFICATE OF DEATH

40877

State File No.

791

Registration District No.

Primary Registration District No.

1003

Registrar's No.

10648

1. PLACE OF DEATH:

(a) County _____
(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:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Days
(Specify whether
In this community 38 yrs.
years, months or days)

8. (a) PRINT FULL NAME Arthur Hubbard

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased October 30, 1874
(Month) (Day) (Year)

8. AGE: Years 66 Months 1 Days 3 If less than one day hr. min.

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

10. Usual occupation Cooper

11. Industry or business Unknown

MOTHER FATHER { 12. Name Frank Hubbard

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

14. Maiden name C. McCraw

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

16. (a) Informant Ann Morrison

(b) Address St. Louis City Hospital #1.

17. (a) Cremation (b) Date thereof 12-26-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Crematory

18. (a) Signature of funeral director W. J. White

(b) Address City Hospital #1

19. (a) DEC 26 1940 (b) J. T. Brederick
(Date received local registrar) (Registrar's signature)

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. 4113 North Bdway.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? X years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 2,
year 1940 hour 2:15 minute A. M.

21. I hereby certify that I attended the deceased from November 30,
19 40, December 2, 19 40

that I last saw him alive on December 2, 19 40
and that death occurred on the date and hour stated above.

Immediate cause of death Intermittent heart disease

Due to chronic myocarditis

Due to hypertension

Other conditions (include pregnancy within 5 months of death)

Major findings: Of operations as above.

Of autopsy as above.

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)

(a) Means of injury _____

23. Signature James P. Murphy (M. D. or other)

Address 1516 Lafayette Ave. Date signed 12/27/40

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

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 _____

Licensed Embalmer No. _____

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.