

APR 21 1941

Registration District No. 7011

Primary Registration District No. 1003

Registrar's No. 2140

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: Hamer Phillips Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 da
(Specify whether _____)
 In this community 10 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County COO
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 3341A Delmar Bl
(If rural, give location)
 (e) ~~If foreign born, how long in U. S. A. _____ years~~

3. (a) PRINT FULL NAME Samuel Hubbard

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

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

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

7. Birth date of deceased. Jan 9 1908
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>33</u>	<u>2</u>	<u>-</u>	hr. _____ min.

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

10. Usual occupation Laborter

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown
 13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Georgia Taylor
 15. Birthplace Ark.
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Lee
 (b) Address 3114 Lucas Ave

17. (a) Removal (b) Date thereof 3-7-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Newport Ark

18. (a) Signature of funeral director McDowell
 (b) Address 1711 N. Taylor Ave

19. (a) MAP 7-1041 (b) [Signature]
(If received local health department) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4
 year 1941 hour 2:45 minute P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death Incarcerated Hernia

Due to Hosp.

Due to _____

Other conditions [Signature]
(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.

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 3

23. Signature Alfred Perry (M. D. or other) _____
 Address [Signature] Date signed 3/7/41

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

0
17
9

MAR 2 1956

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

William C. McDowell

Registered Apprentice No.

working under my personal supervision.

Signed *William C. McDowell*

Licensed Embalmer No. *2114*

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, fact should be so stated above: