

No. 2
4-41
17-39
X26390

FILLED OCT 7 1941

Registration District No. **78**

Primary Registration District No. **200**

Registrar's No. **1943**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **Wellston**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6415 Wellsmar Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community **15 years**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **St. Louis 96**
(c) City or town **Wellston 0**
(If outside city or town limits, write "RURAL") **0**
(d) Street No. **6415 Wellsmar Ave**
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **Henry Hubbard**

3. (b) If veteran, name war **none**
3. (c) Social Security No. **unknown**

4. Sex **male** 5. Color or race **white**
6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Marion F. Hubbard**
6. (c) Age of husband or wife if alive **78** years
7. Birth date of deceased **Aug. 9 1863**
(Month) (Day) (Year)

8. AGE: Years **78** Months **1** Days **7**
If less than one day _____ hr. _____ min.

9. Birthplace **Sante Fee Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **mil.**

11. Industry or business _____

MOTHER FATHER { 12. Name **Thomas Hubbard**
13. Birthplace **Unknown Mo.**
(City, town, or county) (State or foreign country)
14. Maiden name **Sarah Drake**
15. Birthplace **Unknown Ky.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Marion F. Underwood**
(b) Address **6415 Wellsmar Ave.**

17. (a) **Burial** (b) Date thereof **9-18-1941**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Memorial Park Cemetery**

18. (a) Signature of funeral director **Geo. L. Pleitsch Inc.**
(b) Address **5966-68 Easton Ave.**

19. (a) **SEP 17 1941** (b) **C. H. McKeown**
(Date received from registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **16**
year **1941** hour **1** minute **00 P.** A. M.

21. I hereby certify that I attended the deceased from **9-4** to **9-6**, 19**41**
that I last saw him alive on **9-6**, 19**41**
and that death occurred on the date and hour stated above.
Immediate cause of death **Cardiac Failure**
Duration **(Heart?)**

Due to **Arteriosclerosis + Coronary sclerosis** (Yes?)
Due to _____

Other conditions **940**
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
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) _____
(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?

(Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature **H. L. Tomlinson** (M. D. or other) **0**
Address **St. Louis County Hosp** Date signed **9/16/41**

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 3454

David C. Gibson

Registered Apprentice No. _____

working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 5966 Easton Park

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.