

CHIEF DEC 1 1941

Primary Registration District No. 109

Registrar's No. 2339

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town Maplewood  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
7555 Alicia  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 25 year  
years, months or days

3. (a) PRINT FULL NAME Lula E. Bubb  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Lewis W. Bubb 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased March 24th 1872  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>7</u>	<u>22</u>	hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name Ira S. Bunker  
13. Birthplace Vermont (City, town, or county) (State or foreign country)  
14. Maiden name Maindian Ravelin  
15. Birthplace Vermont (City, town, or county) (State or foreign country)

16. (a) Informant Lewis W. Bubb

(b) Address 7555 Alicia Maplewood Mo.

17. (a) Burial (b) Date thereof 11-21-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove

18. (a) Signature of funeral director Promet and Co.

(b) Address 3819 Grand Ave.

19. (a) NOV 19 1941 (Date received local registrar) (b) C. S. McQuinn (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County St. Louis  
(c) City or town Maplewood  
(If outside city or town limits, write "RURAL")  
(d) Street No. 7555 Alicia  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 18  
year 1941 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from Oct. 15, 1941  
19 \_\_\_\_\_ to Nov. 18 19 41

that I last saw her alive on Nov. 17 19 41  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Bile ducts. In metastatic carcinoma of liver Duration several months  
Due to Chronic Myocardial Degeneration

Due to 467

Other conditions (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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 0

23. Signature P. L. Jennings (M. D. or ~~other~~) M.D.  
Address 4660 Maryland St. Louis Date signed 11-19-41

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

4660  
Maryland

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**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, fact should be so stated above.**