

FILED JUL 28 1942  
Registration District No. ....

Primary Registration District No. 1004 Registrar's No. 6142

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:  
4916 Washington 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 \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 000  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4916 Washington Ave.  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME James B. Hubbard  
3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July day 19  
year 1942 hour 12 minute 20 P.M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Ola Hubbard 6. (c) Age of husband or wife if alive 59 years  
7. Birth date of deceased Nov. 26 1876  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 7-11  
1942, to 7-19 1942,  
that I last saw him alive on 7-19 1942,  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
65 7 23 ..hr. ....min

Immediate cause of death Coronary thrombosis 5 days  
Due to chronic myocarditis 9  
Due to.....

9. Birthplace Clark, Missouri  
(City, town, or county) (State or foreign country)  
10. Usual occupation Retired

Other conditions chronic cholecystitis 1 yr.  
(Include pregnancy within 3 months of death)  
non-calculous

11. Industry or business .....  
12. Name James E. Hubbard  
13. Birthplace Clark, Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary E. Butts

Major findings: rose  
Of operations.....  
Of autopsy no

15. Birthplace Clark, Missouri  
(City, town, or county) (State or foreign country)  
16. (a) Informant Ola Hubbard  
(b) Address 4916 Washington Ave.

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?.....

17. (a) Burial (b) Date thereof 7/22/42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Clark, Missouri  
18. (a) Signature of funeral director Albert H. Hoppe Inc.  
(b) Address 4700 Washington Ave.  
19. (a) 20 1942 J. F. Budek  
(Date received local registrar) (Registrar's signature)

23. Signature James A. Forsee (M. D. or other) MD  
Address 3903 Olive Date signed 7-20-42

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

MOTHER FATHER

AUG 23 1944

**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.....

*W W Wilkinson*

Licensed Embalmer No.....

3575

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.