

S. No. 2
 M-1-4-41
 v. 5-17-39
 X26390

32061

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED OCT 28 1942

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **8609**

1. PLACE OF DEATH:

(a) County **St. Louis**
 (b) City or town **St. Louis**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **5929 Oakherst Place**
 (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** (b) County **12**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **5929 Oakherst Place**
 (If rural, give location)
 (e) Citizen of foreign country? **0** (Yes or No)
 If yes, name country _____

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

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married **widowed**
 divorced **2**

6. (b) Name of husband or wife **William H. Hubbard** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **July 13, 1865**
 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
77	3	2	hr. _____ min. _____

9. Birthplace **Skaraborgs Lan Sweden 4**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER { 12. Name **Lars Larson** Sweden **4**

13. Birthplace **Cinga Stina 11** (State or foreign country)

14. Maiden name _____ Sweden **4**

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

16. (a) Informant **Mrs. E. Z. Ross**

(b) Address **5929 Oakhurst Place.**

17. (a) **Burial** (b) Date thereof **Oct 17, 1942**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Stanton, Iowa**

18. (a) Signature of funeral director **Shepard Funeral Home**
1167 Hamilton Avenue.

19. **OCT 16 1942** (Date received local registrar) (b) **J. F. Bredbeck** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** 15, 1942
 year **6** hour **57** minute _____ P. M.

21. I hereby certify that I attended the deceased from **Oct 22** 19**42** to **Oct 15** 19**42**
 that I last saw her alive on **Oct 15** 19**42**
 and that death occurred on the date and hour stated above.

Immediate cause of death: **Myocardial Infarction**
 Due to **Pruritic eczema**

Due to **Ecto-Intestinal Neoplasm**
Carcinoma?

Other conditions: _____ (Include pregnancy within 3 months of death)

Major findings: **None Hb**
 Of operations _____
 Of autopsy **None**

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) (e) Means of injury _____

23. Signature **Bredbeck** (M. D. or other) _____
 Address **Carlton Berg** Date signed **10-16-42**

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 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.