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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

38049

FILED DEC 10 1942

State File No. 1

Registration District No. 184 — Primary Registration District No. 200 — Registrar's No. 2331

1. PLACE OF DEATH:

(a) County: Saint Louis
(b) City or town: Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Station Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: Seven days (Specify whether
In this community: Thirty days
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 999

(a) State: Ohio (b) County: Mahoning 33
(c) City or town: Youngstown 0
(If outside city or town limits, write "RURAL")
(d) Street No.: 410 Digman Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: - - - 2

3. (a) PRINT FULL NAME: JOE R. HUBERT

3. (b) If veteran, name war: - - -
3. (c) Social Security No.: - - -

4. Sex: Male
5. Color or race: 0 White
6. (a) Single, widowed, married, divorced: 0 Single
6. (b) Name of husband or wife: - - -
6. (c) Age of husband or wife if alive: - - - years
7. Birth date of deceased: February (Month) 21 (Day) 1922 (Year)

8. AGE: Years 20 | Months 8 | Days 15 | If less than one day: - - hr. - - min.

9. Birthplace: Youngstown (City, town, or county) Ohio (State or foreign country) 1
10. Usual occupation: Sheet metal roofer.
11. Industry or business: Same.

FATHER
12. Name: Joe (None) Hubert
13. Birthplace: Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant: Service Record & Clinical Record
(b) Address: Sta. Hosp., Jefferson Bks., Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 11-7-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Youngstown - Ohio
18. (a) Signature of funeral director: Louis H Bopp Inc.
(b) Address: 131 W. Arguing Dr. - Kirkwood
19. (a) NOV 7 - 1942 (Date received local registrar) (b) C. G. McGarron M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day Sixth year 1942 hour 0635 minute - - M.

21. I hereby certify that I attended the deceased from October 30, 1942, to November 6, 1942 that I last saw him alive on November 6, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Meningitis, acute fulminating, suppurative, basilar.

Due to 1-Sinusitis (Maxillary-Ethmoidal) acute, purulent, left, severe.

Due to 2-Cellulitis, acute, orbital, left, suppurative.

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations: 8/a
Of autopsy: Confirmed above.

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

23. Signature: B. R. Sutcher, Capt., MC (M. D. or other) MD
Address: Sta. Hosp, Jeff. Bks., Mo. Date signed: Nov 6/42

(Licensed Embalmer's Statement on Reverse Side)

FEB 11 1943

FEB 23 1943

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 John M. Meyer

Licensed Embalmer No. 3288

P. O. Address Kirkwood, Mo

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.