

FILED DEC 29 1942

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10514

1. PLACE OF DEATH:
(a) County.....
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 17 days (Specify whether
In this community 41 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County.....
(c) City or town St. Louis, (If outside city or town limits, write "RURAL")
(d) Street No. 1404 Pendleton (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Ernest Hubbard

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December day 15,
year 1942 hour 2 minute 00 A...M.

3. (b) If veteran, name war.....
3. (c) Social Security No. 488-28-5895

21. I hereby certify that I attended the deceased from November 28, 1942 to December 15, 1942;
that I last saw him alive on December 15, 1942;
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive 40 years
Lucille
7. Birth date of deceased February 2nd, 1898
(Month) (Day) (Year)

Immediate cause of death.....
Lobar Pneumonia (Autopsy)
Nephrosclerosis (Autopsy)
Cardiac Hypertrophy (Autopsy)
Due to.....

Duration
Terminal
Unk.
Unk.

8. AGE: Years 44 Months 45 Days 10 13 If less than one day
hr. min.

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.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Fruco Const't. Co.

12. Name Shell Hubbard

13. Birthplace Troy, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Cora Davis

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

16. (a) Informant Clara Ball

(b) Address 4350 Easton Ave.

17. (a) Burial (b) Date thereof 12-18-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem., Chas. J. Gates

18. (a) Signature of funeral director.....
(b) Address 4107 Finney Ave.

19. (a) 1942 (b) J. F. Braddock
(Date received local registrar) (Registrar's signature)

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 S. E. Smith (M. D. or other).....

Address 2601 Whittier Date signed 12/15/42

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

MOTHER FATHER

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.....

..... William C. McHowell, Registered Apprentice No.....
working under my personal supervision.

Signed..... William C. McHowell

Licensed Embalmer No..... 2114

P. O. Address..... 1711 E. Taylor

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.