

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 2123
Registrar's No.

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

MAR 15 1943

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
 (a) County Madison
 (b) City or town St Louis
 (c) Name of hospital or institution 1543 S. 12th St
 (d) Length of stay: In hospital or institution 15 years

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County St Louis
 (c) City or town St Louis
 (d) Street No. 1543 S 12th St
 (e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Emma Hubanks
 (b) If veteran, name war None (c) Social Security No. 498-20-749

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 3 day March
 year 1943 hour 11 minute P.

4. Sex F 5. Color or race 3 negro
 6. (a) Single, widowed, married 1 divorced, 2 married
 6. (c) Age of husband or wife if alive 24 years
 7. Birth date of deceased: Oct. 24 1890

21. I hereby certify that I attended the deceased from 3/11 1943 to 3/13 1943
 that I last saw him alive on 3/13 1943
 and that death occurred on the date and hour stated above.
 Immediate cause of death: Lobar Pneumonia Duration 8 days

8. AGE: Years 52 Months 4 Days 9
 If less than one day — hr. — min. —

Due to —
 Due to —

9. Birthplace pluistine ark

Other conditions 108

10. Usual occupation bread way laundry

Major findings: Of operations —
 Of autopsy —

11. Industry or business —

12. Name Tom Christal

13. Birthplace Miss

14. Maiden name Ella Gardner

15. Birthplace ala

16. (a) Informant Jessie Hubanks

(b) Address 1543 S. 12th St

17. (a) Burial (b) Date thereof 3. 7. 1943

(c) Place: burial or cremation Whiting park

18. (a) Signature of funeral director A. J. Bueck

(b) Address 1619 MAR 5 1943 J. F. Bueck

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? —
 (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 Jessie Hubanks (M. D. —)
 Address 3166a Laclede Date signed 3/4/43

PHYSICIAN
 Underline the cause to which death should be charged statistically.

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.....

myself....., Registered Apprentice No.....
working under my personal supervision.

Signed.....
Licensed Embalmer No.....*2266*.....
P. O. Address.....*2812 Thomas St*.....

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.