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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 5 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3011

1. PLACE OF DEATH:

(a) ~~County~~ ~~4124a Harris St City~~

(b) City or town St Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4124a Harris
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 30 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 60 17 9 1

(c) City or town St Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4124a Harris St. City
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME James W. Hubbard

3. (b) If veteran, name war

(c) Social Security No. 709-10-2093

4. Sex M

5. Color or race Col

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Mary Hubbard

6. (c) Age of husband or wife if alive Dead years

7. Birth date of deceased 12 (Month) 31 (Day) 1878 (Year)

8. AGE: Years 64 Months 3 Days 25 If less than one day hr. min.

9. Birthplace Penn. County (City, town, or county) VA (State or foreign country)

10. Usual occupation Pullman

11. Industry or business

FATHER
12. Name Un Known
13. Birthplace Un Known (City, town, or county) (State or foreign country)

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

16. (a) Informant's own signature Nazarene Davis
(b) Address 4124a Harris St St Louis

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-30-43 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cemetery

18. (a) Signature of funeral director Gus Howe
(b) Address 2930 Dickson St

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 25 year 1943 hour 6 minute 30 A. M.

21. I hereby certify that I attended the deceased from July 10 1942, to Mar 25th 1943 that I last saw him alive on 3/25 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Rattle Disease
T. B. Spine

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy No

Duration 7

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

23. Signature [signature] (M. D. or other)
Address [signature] Date signed 3/25/43

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 8-1-36 I X19511

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.....

Licensed Embalmer No.....

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, above space should be left blank.