

State File No.

Registrar's No. 1189

FILED MAY 22 1943
Registration District No. 200

Primary Registration District No. 200

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

1. PLACE OF DEATH:

(a) County St. Louis

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

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

(d) Length of stay: In hospital or institution 39 Years (Specify whether years, months or days)

In this community 39 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 7247 Tulane
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Gertrude Jane Dubbs

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F. / 5. Color or race W.

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

6. (b) Name of husband or wife Joseph

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased Feb 18 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

71 3 0 hr. min.

9. Birthplace Allegheny Pa.
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

12. Name Henry Fatum

13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

14. Maiden name Jane Scritchfield

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

16. (a) Informant Joseph M. Dubbs

(b) Address 7247 Tulane

17. (a) Burial (b) Date thereof May 21-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Alexander & Sons

(b) Address 6175 Delmar Blvd

19. (a) MAY 21 1943 (b) C. P. McParson
(Date received from registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18th
year 1943 hour 7- minute 19 P.M.

21. I hereby certify that I attended the deceased from 20 May 1943
17 1943 to May 18 1943
that I last saw him alive on 13 male 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis
32 hrs

Due to _____

Due to arterio sclerosis
2 yrs

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

Major findings:
Of operations g4a

Of autopsy _____

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 H. P. Frachey (M. D. or other)

Address 7816 S. 16th Date signed 5-20-43

For information

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 Joseph McCulloch
Licensed Embalmer No. 2460

P. O. Address 1170 Gullman
St Louis, 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.