S. No. 2
M—2-43
5-17-39
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26068

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 31 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1

Registration District No. 317 Primary Registration District No. 3063 Registrar's No. 1740

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

1. PLACE OF DEATH:

(a) County St. Louis County Hospital

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

(c) Name of hospital or institution: St. Louis County Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 24 hours (Specify whether years, months or days)

In this community 15-16 Years

2. USUAL RESIDENCE OF DECEASED: 96

(a) State Missouri (b) County St. Louis 0

(c) City or town Meacham Park 0 (If outside city or town limits, write "RURAL")

(d) Street No. Milwaukee and Rayburn (If rural, give location)

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

If yes, name country -------

3. (a) PRINT FULL NAME Hubbard, Charles

3. (b) If veteran, name war -------

3. (c) Social Security No. ------

4. Sex Male

5. Color or race 2 Col.

6. (a) Single, widowed, married, divorced 2 Wid

6. (b) Name of husband or wife Amelia

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

7. Birth date of deceased October (Month) 11 (Day) 1886 (Year)

8. AGE: Years 57 Months 2 Days 18 If less than one day ___ hr. ___ min.

9. Birthplace Warrenton, Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation Laborer

11. Industry or business ---------

FATHER
12. Name Frank Hubbard
13. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Cecilia Hubbard
15. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

16. (a) Informant Mrs. Bernice Ray

(b) Address 2723 Eugenia, St. Louis

17. (a) Bureid (Burial, cremation, or removal) (b) Date thereof July 30-43 (Month) (Day) (Year)

(c) Place: burial or cremation Father Dickson Cem.

18. (a) Signature of funeral director Bennie Love

(b) Address 3103 Washington

19. (a) JUL 30 1943 (Date received local registrar) (b) C. H. McLaren, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23 year 43 6 hour 20 minute P. M.

21. I hereby certify that I attended the deceased from 7-22-43, 19__, to 7-23-43, 19__; that I last saw him alive on 7-23-43, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Arteriosclerotic Cardio-Vascular Disease c̄ Hypertension	2 yrs +
Due to	
Due to 939	
Other conditions (Include pregnancy within 3 months of death): Hypostatic Pneumonia; Generalized Arteriosclerosis	

Major findings:
Of operations
Of autopsy

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 John Niederwimer (M. D. or other) M.D.

Address St. Louis Co. Hosp. Clayton, Mo. Date signed 7-26-43

(Licensed Embalmer's Statement on Reverse Side)

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 Arthur L. Hilliard

Licensed Embalmer No. 4221

P. O. Address 4219a E Garfield

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.