

S. No. 2
M-9-4-41
5-17-38
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

26755

State File No. _____
7717
Registrar's No. _____

Registration District No. **318**

Primary Registration District No. _____

193

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis

(c) Name of hospital or institution:
2255 S. Jefferson Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED: 100
17
923

(a) State Missouri (b) County _____

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

(d) Street No. 2255 S. Jefferson Ave. (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT Christine Hubmann
FULL NAME

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased March 27 1864
(Month) (Day) (Year)

8. AGE: Years 79 Months 5 Days 0 If less than one day _____ hr. _____ min.

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

10. Usual occupation House Work

11. Industry or business _____

MOTHER, FATHER {

12. Name John Hubmann

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Carolina Harnish

15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Sophie Hubmann

(b) Address 2255 S. Jefferson Ave.

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof August 30 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Concordia Cem.

18. (a) Signature of funeral director John H. Hubmann, Son

(b) Address 2630 Gravois Ave.

19. (a) AUG 28 1943 (Date received local registrar)

(b) J. F. Bradeau (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month August day 27
year 1943 hour 12 minute 00 P.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Chronic Interstitial Nephritis

Due to _____

Due to 131

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.

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) Means of injury _____

23. Signature Alfred Perry (M.D. or other) 3
Address St. Louis Date signed 8/29/43

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

Robert L. Gebken

Licensed Embalmer No.

4144

P.O. Address

2630 Gravois Ave

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.