

BUREAU OF THE CENSUS  
**FILED** AUG 20 1946  
318

STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. **1003**

Registrar's No. **7026**

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

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

(c) Name of hospital or institution:  
**The City Infirmiry Hospital**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **10-4-46 to**  
(Specify whether

In this community **8-12-46.**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**

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

(d) Street No. **5600 Arsenal Street**  
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No) **0**

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Francis Hubbell**

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex **Male** 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 **August 27, 1867**  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **12,** year **1946** hour **6** minute **45 A.M.**

21. I hereby certify that I attended the deceased from **August 12, 1946** to **August 22, 1946** and that death occurred on the date and hour stated above.

Immediate cause of death: **Cerebral Accident Vascular** **2Hrs.**

8. AGE: Years **78** Months **11** Days **15** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Due to **General Arterial Sclerosis** **98+**

Due to **Fracture of right hip** **1944**

9. Birthplace **Wisconsin**  
(City, town, or county) (State or foreign country)

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

10. Usual occupation **Nil**

Major findings: **83**  
Of operations \_\_\_\_\_

11. Industry or business \_\_\_\_\_

Of autopsy \_\_\_\_\_

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

MOTHER FATHER { 12. Name **Abner Hubbell**

13. Birthplace **Wisconsin**  
(City, town, or county) (State or foreign country)

14. Maiden name **Ann Jane Seal**

15. Birthplace **Pennsylvania**  
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

16. (a) Informant **City Infirmiry Records**

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(b) Address **5800 Arsenal Street**

17. (a) **Cremation** (b) Date thereof **8-12-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(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? \_\_\_\_\_

(c) Place: burial or cremation **Valhalla Crematory**

18. (a) Signature of funeral director **Baumann Bros Inc**

While at work? \_\_\_\_\_  
(Specify type of injury) (b) Means of injury **1**

(b) Address **2504 Washington Blvd Overland Mo**

19. (a) **AUG 12 1946** (b) **J. F. Bredeck**  
(Date received local registrar) (Registrar's signature)

23. Signature **Palmer Quincy Bowditch** (M. D. or other) \_\_\_\_\_  
Address **5600 Arsenal St** Date signed **8/17/46**

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

Body not Embalmed - Baumann Bros Inc

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, fact should be so stated above.