

UNITED STATES BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 3177

FILED JAN 23 1947 318

1003

Registrar's No. 212

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

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:  
3117 So. BROADWAY 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1YR  
(Specify whether \_\_\_\_\_)  
In this community 1YR  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County \_\_\_\_\_  
(c) City or town ST LOUIS  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3117 So. BROADWAY  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MACK STUBBLEFIELD

3. (b) If veteran, \_\_\_\_\_ name war \_\_\_\_\_  
3. (c) Social Security No. 492-16-7391

4. Sex MALE 5. Color or race WHITE  
6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife ETTA  
6. (c) Age of husband or wife if alive 45 years  
7. Birth date of deceased SEPT 4 1899  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
47 4 0 hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation LABOR

11. Industry or business ANHEUSER BUSCH BREWERY

12. Name ROBERT STUBBLEFIELD

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

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

16. (a) Informant MRS ETTA STUBBLEFIELD

(b) Address 3117 So. BROADWAY

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 1-8-1947  
(Month) (Day) (Year)

(c) Place: burial or cremation NAYLOR MO

18. (a) Signature of funeral director ROWLAND SERVICE

(b) Address 4355 WASHINGTON AV.

19. (a) JAN 8 1947 (Date received local registrar) (b) [Signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January, day 4  
year 1947 hour 12 minute 55 P.M.

21. I hereby certify that I attended the deceased from Jan 1  
1947 to Jan 4, 1947;  
that I last saw him alive on January 4, 1947;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy  
Lobar pneumonia  
Due to Hypertension  
Due to \_\_\_\_\_

Other conditions Had a paralytic stroke eleven years ago  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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)  
(c) Means of injury \_\_\_\_\_  
23. Signature Leroy E. Ellison MO (M. D. or other) MO  
Address 3610 So. Broadway, St. Louis Date signed 1-4-47

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

MOTHER FATHER

Duration  
5 days  
4 day

PHYSICIAN

Underline the cause to which death should be charged statistically.

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**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..... *Alex Campbell*.....

Licensed Embalmer No..... *3881*.....

P. O. Address..... *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.**