No. 2
12-45
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X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 22 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43148

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11276

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:
Missouri Pacific Hosp. O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 months (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County St. Clair 997

(c) City or town East St. Louis 11
(If outside city or town limits, write "RURAL")

(d) Street No. 2022 N. 53rd St. 0
(If rural, give location) N.R 2

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

If yes, name country

3. (a) PRINT FULL NAME Hubbard, Charles William
Hubbard, Charles William

3. (b) If veteran, name war World War # 2

3. (c) Social Security No.

4. Sex Male O

5. Color or race White

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

6. (b) Name of husband or wife Mabel Slack

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased March (Month) 18th (Day) 1891 (Year)

8. AGE:

Years	Months	Days	If less than one day
56	8	21	hr. min.

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

10. Usual occupation Car Inspector

11. Industry or business G. M. and O. R.R.

FATHER
12. Name Chas. Hubbard
13. Birthplace E. St. Louis, (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Mary Martin
15. Birthplace East St. Louis (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Chas Burke
(b) Address East St. Louis, Illinois

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 11, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation East St. Louis, Ill.

18. (a) Signature of funeral director C Burke
(b) Address 3300 State E St Louis Ill

19. (a) DEC 9 - 1947 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 9 year 47 hour 3 minute A. M.

21. I hereby certify that I attended the deceased from 10 - 23, 1947 to 12-9, 1947 that I last saw him alive on 12-9, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Auricular & Ventricular Fibrillation	15 min
Due to Coronary Artery Disease	3 mo.
Due to	
Other conditions (Include pregnancy within 3 months of death) Hyperplastic olive of larynx	5 mo
Major findings: Of operations	
Of autopsy	

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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 Louis L. Stephens (M. D. or other) M.D.

Address Missouri Pacific Hosp. St Louis Mo. Date signed 12-9-47

(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 Chas M. Burke

Licensed Embalmer No. 2421

P. O. Address E St Louis Ill

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.