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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3508

FILED FEB 9 1948

Registration District No. 2707

Primary Registration District No. 6076

Registrar's No. 230

1. PLACE OF DEATH:
(a) County St Louis CO
(b) City or town Baldwin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 5 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St Louis 96
(c) City or town Ballwin 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ALICE HUBBARD
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female
5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Sam Hubbard
6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased 12 (Month) 23 (Day) 1862 (Year)

8. AGE: Years 85 Months Days 30 If less than one day hr. min.

9. Birthplace Valley Park (City, town, or county) Mo (State or foreign country)
10. Usual occupation House wife
11. Industry or business —
FATHER
12. Name Ben Johnson
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Eliza Johnson
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Sam Hubbard
(b) Address Baldwin
17. (a) (Burial, cremation, or removal) (b) Date thereof 1/28/48 (Month) (Day) (Year)
(c) Place: burial or cremation Valley Park Cemetery
18. (a) Signature of funeral director Susie C Lewis
(b) Address 22 Euclid
19. (a) 1-26-48 (Date received local registrar) (b) Beulah Sharp MD (Registrar's signature) MSA

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 23
year 1948 hour 11 minute 40 A. M.
21. I hereby certify that I attended the deceased from June 16 1947 to Jan 23 1948
that I last saw her alive on Dec 31 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma Breast (left)	5 Yrs
Due to Senility	
Due to 50	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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 Henry F. Scott (M. D. or other) M.D.
Address Ballwin Mo Date signed June 24 48

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

Jefferson City Printing Co.

(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.....

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.