

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:
2915 Miami St.
 (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)

3. (a) PRINT FULL NAME

Anna B. Hubecky

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 Widowed

6. (b) Name of husband or wife
Frank A. Hubecky

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

7. Birth date of deceased April
 (Month)

14
 (Day)

1876
 (Year)

8. AGE:

Years

Months

Days

If less than one day

72

2

26

hr. min.

9. Birthplace St. Louis,
 (City, town, or county)

Missouri.
 (State or foreign country)

10. Usual occupation At home

11. Industry or business

12. Name Frank Pechan

13. Birthplace Unknown
 (City, town, or county)

14. Maiden name Unknown

15. Birthplace Unknown
 (City, town, or county)

16. (a) Informant Mrs. Mary Mocker

(b) Address 2915 Miami St.

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

(b) Date thereof July 13, 1948
 (Month) (Day) (Year)

(c) Place: burial or cremation SS. Peter and Paul Cem.

18. (a) Signature of funeral director Gebken-Benz Mortuary

(b) Address 2842 Meramec St.

19. (a) JUL 11 1948
 (Date received local registrar)

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

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. 2915 Miami St.
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10th
 year 1948 hour 6 minute 35 A. M.

21. I hereby certify that I attended the deceased from
10-8, 1945, to 7-10, 1948
 that I last saw her alive on 7-7, 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death

Cancer of left breast

Duration

3 yrs

Due to.....

Due to.....

Other conditions.....
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations None

Of autopsy None

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 Harry J. Heidenreich (M. D. or other) M.D.
 Address 3750 Grannis Date signed 7-10-48

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

MOTHER, FATHER

S

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.....*me*.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....*Loron E. Percy*.....
Licensed Embalmer No.....*4094*.....
2842 Meramec St.
P. O. Address.....*St. Louis, 18, Missouri*.....

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.