FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 28 1948

Registration District No. 518

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 27838

Registrar's No. 7157

1. PLACE OF DEATH:

(a) County: St. Louis

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

(c) Name of hospital or institution: Homer G. Phillips (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 1 mo 4 days (Specify whether years, months or days)

In this community: 25 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: 000

(c) City or town: St. Louis (If outside city or town limits, write "RURAL") 17

(d) Street No. 2628 Lawton (If rural, give location) 9

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

If yes, name country

3. (a) PRINT FULL NAME: Whitfield Hubbard

3. (b) If veteran, name war: no

3. (c) Social Security No.: 492-16-2015

4. Sex: Male 2

5. Color or race: Negro

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: April (Month) 5 (Day) 1895 (Year)

8. AGE: Years 53 Months 4 Days 7 If less than one day hr. min.

9. Birthplace: Macon (City, town, or county) Ga. (State or foreign country)

10. Usual occupation: Labor

11. Industry or business:

MOTHER FATHER

12. Name: Sonnie Hubbard-HUBBARD

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

14. Maiden name: Sallie Williams

15. Birthplace: Ga. (City, town, or county) (State or foreign country)

16. (a) Informant: MARY BRADY-BRADY

(b) Address: 2628 LAWTON

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: 8 17 48 (Month) (Day) (Year)

(c) Place: burial or cremation: WASHINGTON PARK

18. (a) Signature of funeral director: DUNN FUNERAL HOME

(b) Address: 215 So JEFFERSON, AVE

19. (a) AUG 14 1948 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August 9 day 12 year 1948 hour 3 minute 50 P.M.

21. I hereby certify that I attended the deceased from July 8, 1948 to August 12, 1948 that I last saw him alive on August 12, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Obstructive Jaundice	Unk
Due to: Metastatic Ca of Liver and Pancreas	Unk
Due to: Primary Colon	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: Hb	
Of autopsy: As above	

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: [signature] (M. D.)

Address: 2601 N Whittier Date signed: 8-13-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

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 Arthur L. Heilliard

Licensed Embalmer No. 4221

P. O. Address 4049 St Ferdina

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.