

FILED NOV 10 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35244

318

1003

State File No. 9183
Registrar's No.

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.				
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis						
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (in this place) 3		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis						
d. FULL NAME OF HOSPITAL OR INSTITUTION En Route to City Hospital #1				d. STREET ADDRESS (If rural, give location) 29 2714 Armand Place						
3. NAME OF DECEASED (Type or Print) Fred			a. (First)			b. (Middle) Hubert				
c. (Last)			4. DATE OF DEATH 10-22-1949			4. DATE (Month) (Day) (Year)				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 9-7-1875		9. AGE (In years last birthday) 74 If under 1 year: Months Days If under 24 hrs: Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Park Employee			10b. KIND OF BUSINESS OR INDUSTRY City of St. Louis			11. BIRTHPLACE (State or foreign country) Illinois			12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Paul Hubert			13b. MOTHER'S MAIDEN NAME Augusta Kanenwey			14. NAME OF HUSBAND OR WIFE Dora Hubert				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME <i>Dora Hubert</i>			ADDRESS 2714 Armand Place		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Initial Resuscitation DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 0		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis		21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
						21f. HOW DID INJURY OCCUR? H/OX				
22. I hereby certify that I attended the deceased from 6-15, 1948 , to 10-22, 1949 , that I last saw the deceased alive on 10-20, 1949 , and that death occurred at 12:58 p.m. , from the causes and on the date stated above.										
23a. SIGNATURE <i>W. J. Munk</i>				(Degree or title)		23b. ADDRESS 2278 S Jefferson		23c. DATE SIGNED 10-24-49		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-26-1949		24c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cemetery		24d. LOCATION (City, town, or county) (State) 7900 Gravois Ave Mo				
DATE REC'D BY LOCAL REG. OCT 26 1949		REGISTRAR'S SIGNATURE <i>J. B. Lasater</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Ziegenhewer Bros</i>		ADDRESS 6409 Gravois Ave				

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Henry M. Brammer

Signed _____

Student Embalmer

Licensed Embalmer No. _____

4200

P. O. Address _____

St. Louis

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.