

FILED DEC 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38855

318

1003

State File No. 10301
Registrar's No.

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

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		State File 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						
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) St. Louis			c. LENGTH OF STAY (in this place) (in township) 39 yrs	c. CITY (If outside corporate limits, write RURAL and give OR TOWN) St. Louis						
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital				d. STREET ADDRESS (If rural, give location) 2725 Lawton Avenue						
3. NAME OF DECEASED (Type or Print) a. (First) Annie		b. (Middle)		c. (Last) Hubbard		4. DATE OF DEATH (Month) (Day) (Year) Nov. 26 1949				
5. SEX Fem	6. COLOR OR RACE Col	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, MARRIED (Specify)		8. DATE OF BIRTH Oct. 20, 1879		9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) unemployed		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Peters, Missouri			12. CITIZEN OF WHAT COUNTRY? U. S. A.			
13a. FATHER'S NAME Dan Wagner			13b. MOTHER'S MAIDEN NAME Fannie (Unk)			14. NAME OF HUSBAND OR WIFE Richard Hubbard				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Pearl Hubbard						ADDRESS 2725 Lawton
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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease ANTECEDENT CAUSES DUE TO (b) Arteriolar - Nephrosclerosis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Generalized Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Uterine Leiomyoma.							INTERVAL BETWEEN ONSET AND DEATH Undet.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION							20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? It fell					
22. I hereby certify that I attended the deceased from 10-30, 1949, to 11-26, 1949, that I last saw the deceased alive on 11-26, 1949, and that death occurred at 5:55 a. m., from the causes and on the date stated above.										
23a. SIGNATURE (Degree or title) James A. Sedberry				23b. ADDRESS 2601 N Whittier St				23c. DATE SIGNED 11-28-49		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12/1/49	24c. NAME OF CEMETERY OR CREMATORY Booker Washington			24d. LOCATION (City, town, or county) (State) Centerville Twp, Ill				
DATE RECD BY LOCAL REG. NOV 30 1949		REGISTRAR'S SIGNATURE J. B. Kasala			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS R. M. C. Green 3517 Laclede Ave					

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.

Student
Student Embalmer

Signed

Melvin E. Green

Licensed Embalmer No. 4428

P. O. Address St. Louis, Mo.

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.