

FILED JUN 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18287

State File No. _____

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **4661**

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 township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2179	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 4152 Flad Ave. 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4152 Flad Ave.			

3. NAME OF DECEASED (Type or Print) a. (First) Thomas b. (Middle) Frederick c. (Last) Hubbs			4. DATE OF DEATH (Month) (Day) (Year) May 25, 1950		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 11, 1892	9. AGE (In years last birthday) 57	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Welder		10b. KIND OF BUSINESS OR INDUSTRY Scullin Steel		11. BIRTHPLACE (State or foreign country) Salem, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.					

13a. FATHER'S NAME Jefferson D. Hubbs		13b. MOTHER'S MAIDEN NAME Ella Curtis		14. NAME OF HUSBAND OR WIFE Lula Hubbs	
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. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Lula Hubbs, 4152 Flad Ave.	

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) Acute Anomalous Thrombotic Infarctus ANTECEDENT CAUSES: Forbidd conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) cause undetermined DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hemorrhagic Pleurisy			INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hrs
--	--	---	--	--	---

19a. DATE OF OPERATION Feb 29, 50		19b. MAJOR FINDINGS OF OPERATION Enlarged spleen		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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 296X	

22. I hereby certify that I attended the deceased from **March 23, 1950**, to **May 25, 1950**, that I last saw the deceased alive on **May 25, 1950**, and that death occurred at **8:00 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Smileb MD (Degree or title)		23b. ADDRESS 4501 - Manchester		23c. DATE SIGNED 5-26-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 5-27-50		24c. NAME OF CEMETERY OR CREMATORY Sligo	
24d. LOCATION (City, town, or county) (State) Sligo, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd.			
DATE REC'D BY LOCAL REG. MAY 26 1950		REGISTRAR'S SIGNATURE J. P. Foster			

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Robert M. Murray

Signed.....
Student Embalmer

Licensed Embalmer No. 37491

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.