U.S. No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED AUG 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24902

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1005 Registrar's No. 6728

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Homer G. Phillips Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis 2119
d. STREET ADDRESS (If rural, give location) 3963 Fairfax Ave 0

3. NAME OF DECEASED (Type or Print)
a. (First) Eugene
b. (Middle) H.
c. (Last) Hubbard

4. DATE OF DEATH (Month) Aug (Day) 2 (Year) 1950

5. SEX Male
6. COLOR OR RACE Col
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow
8. DATE OF BIRTH March 21st 1887
9. AGE (In years last birthday) 63 — If under 1 year: Months 4, Days 11; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Paris Texas
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME EUGENE HUBBARD Sr
13b. MOTHER'S MAIDEN NAME Hannah Kansas
14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no
(If yes, give war or dates of service) —
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME George Morris **ADDRESS** 547 E. Tuder, Paris, Texas

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Coronary Occlusion

DUE TO (c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 420.1

22. *I hereby certify that I attended the deceased from _____, 19___ to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at 10:15 P m., from the causes and on the date stated above.*

23a. SIGNATURE [illegible] (Degree or title) Deputy Coroner
23b. ADDRESS 1300 Clark
23c. DATE SIGNED 8/4/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Aug. 8, 1950
24c. NAME OF CEMETERY OR CREMATORY Washington Park
24d. LOCATION (City, town, or county) St. Louis, Co. (State) Mo

DATE REC'D BY LOCAL REG. AUG 7 1950
REGISTRAR'S SIGNATURE J B Fassater
25. FUNERAL DIRECTOR'S SIGNATURE J.H.Randle & Son **ADDRESS** 3133 Bell Ave

(Licensed Embalmer's Statement on Reverse Side)

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.....

Signed.....
Student Embalmer

Licensed Embalmer No. 26 9 J

P. O. Address 2769 Chanter

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.