

FILED SEP 9 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 28087

Registrar's No. 7437

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 7437			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.				b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis				c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2259			
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hosp/				d. STREET ADDRESS 1222 No. Eighth St					
3. NAME OF DECEASED (Type or Print)		a. (First) Charles.		b. (Middle) F.		c. (Last) Clubb		4. DATE OF DEATH (Month) (Day) (Year) Aug. 30 1950	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Sept. 20 1890		9. AGE (In years last birthday) 59		IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Warehouse Clerk			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Marquand Mo.			12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Jacob Clubb			13b. MOTHER'S MAIDEN NAME Martha Ann Clubb			14. NAME OF HUSBAND OR WIFE Deceased			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Edgar Clubb 4663 Palm St.			ADDRESS		
19. 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis, cerebral  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 5 days years.	
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 Mo		21f. HOW DID INJURY OCCUR? 231X			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from Aug 20, 1950 to Aug 30, 1950, that I last saw the deceased alive on Aug 29 1950, and that death occurred at 7A m., from the causes and on the date stated above.					
23a. SIGNATURE Louis L. Jureen MD				23b. ADDRESS 4527 N. Kingshighway		23c. DATE SIGNED 8/31/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9/1/50	24c. NAME OF CEMETERY OR CREMATORY Whitner Cemetery		24d. LOCATION (City, town, or county) (State) Marquand Mo.				
DATE REC'D BY LOCAL REG. AUG 31 1950		REGISTRAR'S SIGNATURE J. B. Satter		25. FUNERAL DIRECTOR'S SIGNATURE Sullivan Funeral Dir.		ADDRESS 2849N. Euclid			

**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

*Gene A. Buetler*

Licensed Embalmer No. 4329

P. O. Address \_\_\_\_\_

**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.