

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22149

State File No. _____

FILED JUN 27 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5325**

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|--|--------------------------------|--|--|
| 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 2229 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital | | d. STREET ADDRESS (If rural, give location) 22 2719 Walnut St 0' | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Epsie b. (Middle) c. (Last) Hubbard | | 4. DATE OF DEATH (Month) (Day) (Year) June 5 1952 | |
| 5. SEX F 3 | 6. COLOR OR RACE Col | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH July 4-1896 |
| 9. AGE (In years) (Month) (Day) (Min) 55 (birthday) 11 (Month) 25 (Day) | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework | | 10b. KIND OF BUSINESS OR INDUSTRY | |
| 11. BIRTHPLACE (City and State or Foreign Country) Canton Miss | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME Unknown | | 13b. MOTHER'S MAIDEN NAME Unknown | |
| 14. NAME OF HUSBAND OR WIFE Deceased | | | |
| 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 Lawrence Hubbard | | ADDRESS 2719 Walnut | |
| 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) Cerebral Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Cardiovascular Disease DUE TO (c) Undetermined II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None | |
| 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) | | | |
| 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? 443X | | | |
| 22. I hereby certify that I attended the deceased from 4-26 , 19 52 , to 6-5 , 19 52 , that I last saw the deceased alive on 6-5 , 19 52 , and that death occurred at 4:05 p.m. , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) Lawrence W. Harris M. D. | | 23b. ADDRESS 2601 N Whittier St | |
| 23c. DATE SIGNED 6-6-52 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE June 11-52 | |
| 24c. NAME OF CEMETERY OR CREMATORY Oakdale Cem | | 24d. LOCATION (City, town, or county) (State) St Louis Co Mo | |
| DATE REC'D BY LOCAL REG. JUN 10 1952 | | REGISTRAR'S SIGNATURE J. C. Smith | |
| 25. FUNERAL DIRECTOR'S SIGNATURE J. W. Hughes | | ADDRESS 2629 Lawton | |

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.

Student
Student Embalmer

Signed

James R. Carter

Licensed Embalmer No. *44681*

P. O. Address *4923 Suburban*

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.