

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33059**
8643

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

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (In this place) 35 years	
d. FULL NAME OF HOSPITAL OR INSTITUTION Incarnate Word Hospital		d. STREET ADDRESS (If rural, give location) 1011 So. 7th t.	
3. NAME OF DECEASED a. (First) LILLIE b. (Middle) B. c. (Last) HUBELE		4. DATE OF DEATH (Month) (Day) (Year) Sept. 12, 1952	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 27, 1885
9. AGE (In years last birthday) 67		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Board of Education		10b. KIND OF BUSINESS OR INDUSTRY School Work	11. BIRTHPLACE (City and State or Foreign Country) Kansas
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Unknown	
13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Eugene Hubele, XXX	
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. Yes	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Eugene Hubele, 1011 So. 7th, St. Louis, Mo.			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocarditis ANTECEDENT CAUSES DUE TO (b) Acute nephritis DUE TO (c) Pneumonia II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input 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? 481X			
22. I hereby certify that I attended the deceased from Sept 10 1952 to Sept 12 1952 , that I last saw the deceased alive on Sept 12, 1952 , and that death occurred at 12:58 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE D. McDonald		23b. ADDRESS 1504 A Grand	
23c. DATE SIGNED 9/15/52		24. NAME OF CEMETERY OR CREMATORY San Fernando, California	
24a. BURIAL, CREMATION, REMOVAL (Specify) Remove		24b. DATE Sept. 16 1952	
24c. LOCATION (City, town, or county) (State) San Fernando, California		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS McLaughlin Funeral Home, St. Louis, Mo.	
DATE REC'D BY LOCAL REG. SEP 15 1952		REGISTRAR'S SIGNATURE J. C. Smith md	

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

Miss McDonald

3503 Burtner L.A. 7899

Jan. 29 1939

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 J. R. Chapman
Licensed Embalmer No. 4550
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.