

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

6343

Registrar's No. 1596

BIRTH NO. FILED MAR 8 1954 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY 2099	
b. CITY (If outside corporate limits, write RURAL and give township) OR Saint Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR Saint Louis 0	
c. LENGTH OF STAY (In this place) 29 Years		d. STREET ADDRESS (If rural, give location) 9 4679a Pope Avenue, 15,	
d. FULL NAME OF HOSPITAL OR INSTITUTION Christian Hospital			
3. NAME OF DECEASED a. (First) HERTHA (Type or Print)		b. (Middle) HUBBARD	c. (Last) HUBBARD
4. DATE OF DEATH (Month) (Day) (Year) Feb. 16th, 1954			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 19th, 1886
9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months Days	IF UNDER 10 YEARS Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and State or Foreign Country) Meta, Missouri 0
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME J. P. Barnett		13b. MOTHER'S MAIDEN NAME Elizabeth Walker	14. NAME OF HUSBAND OR WIFE James H. Hubbard
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 ADDRESS Mrs. Ray Schmitt, 4679a Pope Avenue, 15,	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		<i>Cardio - nephritic</i>		
ANTECEDENT CAUSES		<i>Arterio Sclerosis (Hypertension)</i>		
* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b)		
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)		
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 <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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 442x

22. I hereby certify that I attended the deceased from **Sept. 19, 1954**, to **Feb. 16, 1954**, that I last saw the deceased alive on **Feb. 19, 1954**, and that death occurred at **8:00 A.M.** m., from the causes and on the date stated above.

23a. SIGNATURE <i>Paul H. Deming</i>	(Degree or title)	23b. ADDRESS 8.330 Jennings	23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 2/19/54	24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis Co., Missouri

DATE REC'D BY LOCAL REG. FEB 18 1954	REGISTRAR'S SIGNATURE <i>J. Earl Smith Md</i>	25. FUNERAL DIRECTOR'S SIGNATURE CALVIN F. FEUTZ	ADDRESS 4828 Natural Bridge Blvd. FUNERAL HOME, INC., St. Louis, 15, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

8330 Jennings Road,
Mon., Wed., Fri.,
2:00 PM to 7:00 PM

FILE IN CITY.

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 Ralph C. Linders

Licensed Embalmer No. 4225

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.