

STANDARD CERTIFICATE OF DEATH

39276

State File No.

FILED NOV 22 1954

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BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Mo</i> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i>		c. CITY OR TOWN <i>St. Louis</i>	
c. LENGTH OF STAY (In this place)		d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <i>City Hopt (Coroner)</i>		e. STREET ADDRESS (If rural, give location) <i>2514^e University St</i>	

3. NAME OF DECEASED (Type or Print) a. (First) <i>Wilber</i> b. (Middle) <i>G.</i> c. (Last) <i>Stube</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>10 23 54</i>						
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Aug 14th 1906</i>	9. AGE (In years last birthday) <i>48</i>	10. MONTHS <i>48</i>	11. DAYS <i>48</i>	12. IF UNDER 1 YEAR Hours <i>48</i> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>W.R. Switchman</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Terminal P.R.</i>	11. BIRTHPLACE (City and State or Foreign Country) <i>St. Louis</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>				

13a. FATHER'S NAME <i>Joseph Stube</i>	13b. MOTHER'S MAIDEN NAME <i>Elizabeth Rockinshel</i>	14. NAME OF HUSBAND OR WIFE <i>Sarah Stube</i>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>NO</i>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <i>Mrs Sarah Stube</i>
		ADDRESS <i>2514^e University St</i>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____	ANTECEDENT CAUSES DUE TO (b) _____ <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		
	DUE TO (c) _____ <i>Coronary Thrombosis</i>		
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 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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR <i>4201</i>

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 *1451* p.m., from the causes and on the date stated above.

23a. SIGNATURE <i>Samuel P. Taylor</i>	(Degree or title)	23b. ADDRESS <i>1300 Clark Ave</i>	23c. DATE SIGNED <i>10/26/54</i>
24a. BURIAL, CREMATION, REMOVALS (Specify) <i>Burial</i>	24b. DATE <i>10/27/54</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Calvary Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>St. Louis Mo.</i>

DATE REC'D BY LOCAL REG. <i>OCT 26 1954</i>	REGISTRAR'S SIGNATURE <i>J. Earl Smith</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Robert S. Finley</i>	ADDRESS <i>5228 St. Louis Ave.</i>
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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.....
Signature of Student Embalmer

Signed.....
Licensed Embalmer No.....
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.