

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 45028

FILED JUL 11 1957

No. 300  
10-48

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 2032

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give town) <u>RICHMOND HEIGHTS</u>		c. LENGTH OF STAY (In this place) _____	c. CITY OR TOWN <u>ST. LOUIS</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. MARY'S HOSP</u>		STREET ADDRESS (If rural, give location) <u>5254 ELM BANK</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>DAVID</u>	b. (Middle) _____	c. (Last) <u>HUBBARD</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>AUG-26-1956</u>
5. SEX <u>M</u>	6. COLOR/OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>AUG-21-1890</u>
9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>5</u> Hours <u>5</u> Min. _____	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FOREMAN</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>CONSTRUCTION</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>HANNIBAL - MO</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>	

13a. FATHER'S NAME <u>JOSHUA HUBBARD</u>	13b. MOTHER'S MAIDEN NAME <u>VICE NICHOLS</u>	14. NAME OF HUSBAND OR WIFE <u>ROSE HUBBARD</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>489-05-4799</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Rose Hubbard, Elmbank</u>

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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Outsular nephrosclerosis</u>	INTERVAL BETWEEN ONSET AND DEATH <u>9 mo</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) <u>Hypertensive vascular disease</u>	<u>9 mo</u>
	DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	<u>Heart ulcer</u>	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? <u>YES</u> <input checked="" type="checkbox"/> <input type="checkbox"/> NO
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) <u>446X</u> <input checked="" type="checkbox"/> <input type="checkbox"/>
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? _____

22. I hereby certify that I attended the deceased from 12-30, 1955, to 8-26, 1956, that I last saw the deceased alive on Aug 26, 1956, and that death occurred at 7:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. J. [Signature]</u>	23b. ADDRESS <u>508 N. Grand</u>	23c. DATE SIGNED _____
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>AUG-27-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY CEM. ST. LOUIS - MO</u>
24d. LOCATION (City, town, or county) (State) _____	25. FUNERAL DIRECTOR'S SIGNATURE <u>L. B. Tanner</u> ADDRESS <u>1101 Natural Bridge</u>	
DATE REC'D BY LOCAL REG. <u>8-28-56</u>	REGISTRAR'S SIGNATURE <u>Robert R. Lombert</u>	

(Licensed Embalmers' Statement on Reverse Side)

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

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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.