

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14193

STATE FILE NUMBER

FILED APR 16 1957

Registration District No. 276 Primary Registration District No. 4410 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY Phelps			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE mo. b. COUNTY city		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. James		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN ST. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Soldiers Home Hosp.			Length of stay in lb 3 1/2 yrs.		d. STREET ADDRESS (If outside, give location) 280 Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Harold Middle G. Last Kubler			4. DATE OF DEATH Month Apr. Day 9th Year 57		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan 29 1893		9. AGE (In years last birthday) 64 yrs
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (City and state or country) ST. Louis, mo.	
13. FATHER'S NAME Do Not Know			14. MOTHER'S MAIDEN NAME Do Not Know		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give war or dates of service) yes. World war 2		16. SOCIAL SECURITY NO.		17. INFORMANT Martha Omsted - 7224 Sarah St. Louis, Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion arteriosclerosis Hypertension Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)					INTERVAL BETWEEN ONSET AND DEATH 4201 Subacute Subacute
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour } Month, Day, Year a. m. } p. m. }					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Aug 5 - 53 , to April 9 57 and last saw him alive on April 9 57 . Death occurred at 5-25-57 on the date stated above; and to the best of my knowledge, from the causes stated.					
22. SIGNATURE (Degree or title) Dr. Frank J. ...			22b. ADDRESS St. James Mo		22c. DATE SIGNED 4/10-57
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY	
Burial -		Apr. 12, 1957		Nation's Cem.	
24. FUNERAL DIRECTOR Prof. E. Liebster - St. James, Mo.			25. DATE RECD. BY LOCAL REG 4-10-1957		25. REGISTRAR'S SIGNATURE Ruth B. Powell

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Health, & Welfare
Public Health Service
S. 300
Y. 1-56
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
193.140 MoRS 1949

