

Health,
Welfare
Public
Service

FILED APR 23 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-015951
STATE FILE NUMBER
4123
Registrar's No.

Registration District No. 318 Primary Registration District No. 1003

300
-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS</u>		c. CITY OR TOWN <u>ST. LOUIS</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>01 4723 THRUSH AVE</u>		d. STREET ADDRESS (If outside, give location) <u>4723 THRUSH AVE</u>	
Length of stay in 1b <u>20 79</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>ELBERT L HUBBS SR</u>			4. DATE OF DEATH Month Day Year <u>APRIL 13 1958</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>SEPT 12 1894</u>
9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR Months Days Hours Min.	9. AGE (In years last birthday) <u>63</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MACHINIST</u>
10b. KIND OF BUSINESS OR INDUSTRY <u>PUBLIC SERVICE</u>	11. BIRTHPLACE (City and state or country) <u>MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U-S-A</u>	
13a. FATHER'S NAME <u>SAM HUBBS</u>	13b. MOTHER'S MAIDEN NAME <u>ALICE BRANHAM</u>	14. NAME OF HUSBAND OR WIFE <u>KATIE HUBBS</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>YES WORLD WAR I</u>	16. SOCIAL SECURITY NO.	17. INFORMANT Address <u>KATIE HUBBS 4723 THRUSH AVE</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocarditis (acute)</u>			INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Virus Bronchial Pneumonia</u>			<u>5 days</u>
DUE TO (c) <u>491x</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>None</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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.) <u>NATURAL CAUSE OF DEATH</u>		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input checked="" type="checkbox"/> AT WORK	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 <u>April 11, 1958</u> to <u>April 12, 1958</u> and last saw <u>him</u> alive on <u>April 13, 1958</u> Death occurred at <u>8 A.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Scott Heuer, M.D.</u> (Degree or title)		22b. ADDRESS <u>634 North Grand Blv d.</u>	22c. DATE SIGNED <u>4/14/58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	23b. DATE <u>APRIL 16 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>OAK GROVE CEMETERY HILLSBORO</u>	23d. LOCATION (City, town, or county) (State) <u>146.</u>
24. FUNERAL DIRECTOR <u>Thomas Kutis</u> ADDRESS <u>2906 Gravoie</u>	25. DATE RECD. BY LOCAL REG. <u>APR 15 '58</u>	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

[Signature]
m8B.

MAY 23 1958

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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 *Leo J. Buddle* Licensed Embalmer No. *3986* P. O. Address *St. Louis*

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.