

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS		a. STATE MISSOURI b. COUNTY	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR 4714 A. OLIVE STREET ENROUTE HOMER G. PHILLIPS HOSPITAL		d. STREET ADDRESS (If outside, give location) 2804, DICKSON STREET	

3. NAME OF DECEASED (Type or print) First Middle Last GEORGIA HUBBARD			4. DATE OF DEATH Month Day Year 8 / 24 / 1960			
5. SEX FEMALE	6. COLOR OR RACE COL.	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-14-1896	9. AGE (last birthday) 64	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		10b. KIND OF BUSINESS OR INDUSTRY DOMESTICS		11. BIRTHPLACE (City and state or country) MISSISSIPPI		12. CITIZEN OF WHAT COUNTRY U.S.A
13a. FATHER'S NAME UNKNOWN		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE UNKNOWN		
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. ?		17. INFORMANT Address Mrs Lola Hamme 4714, A. OLIVE STREET		

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion Coronary Sclerosis 4201		INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown

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.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	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 _____ to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Deputy or Informant) Paul Simon	22b. ADDRESS 1300 Clark	22c. DATE SIGNED 8/25/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 8-29-60	23c. NAME OF CEMETERY OR CREMATORY GREEN WOOD CEMETERY	23d. LOCATION (City, town, or county) (State) ST. LOUIS. MISSOURI
24. FUNERAL DIRECTOR ADDRESS Estella White 2616, NO. GARRISON	25. DATE RECD. BY LOCAL REG. AUG 27 1960	26. REGISTRAR'S SIGNATURE Paul Smith, M.D.	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John R. Cunningham

Licensed Embalmer No. 4478

P. O. Address 2405 Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.