

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-046433

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **11997**

STATE FILE NUMBER

AMENDED

FILED JAN 5 1962

DATE AMENDED

INSIDE OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Cause of Death: Pulmonary Tuberculosis

| | | | |
|--|---|---|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY | |
| b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS | | c. CITY OR TOWN ST. LOUIS | |
| Length of stay in lb | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MISSOURI BAPTIST HOSP. | | d. STREET ADDRESS (If outside, give location) 3827 MICHIGAN AVE | |
| Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last RANDALL B HUBBS | | | 4. DATE OF DEATH Month Day Year DEC 21 1961 |
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH JULY 4 1910 |
| 9. AGE (last birthday) 51 | | 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) SUPERVISOR RAWLINGS MFG. CO | | 10b. KIND OF BUSINESS OR INDUSTRY MFG. CO | 11. BIRTHPLACE (City and state or country) CAIRO, ILL. |
| 12. CITIZEN OF WHAT COUNTRY U-S-A | | 13a. FATHER'S NAME FINLEY HUBBS | |
| 13b. MOTHER'S MAIDEN NAME LILLIAN BRYANT | | 14. NAME OF HUSBAND OR WIFE AURELIA HUBBS | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO | | 17. INFORMANT Address AURELIA HUBBS 3827 MICHIGAN AVE | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Respiratory Failure Bronchopneumonia (terminal) | | | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 525X | | | |
| 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 type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 8-8-59 to 12-21-61 and last saw her/him alive on 12-20-61 | | Death occurred at 530 A on the date stated above, and to the best of my knowledge, from the causes stated. | |
| 22a. SIGNATURE Ed. Lanchester M.D. (Degree or title) | | 22b. ADDRESS 6303 Waterford Bridge | 22c. DATE SIGNED 12-22-61 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 23b. DATE DEC 23 1961 | 23c. NAME OF CEMETERY OR CREMATORY ST MATTHEWS CEM | 23d. LOCATION (City, town, or county) ST. LOUIS MO. (State) |
| 24. FUNERAL DIRECTOR ADDRESS Thomas Xutis 2906 Gravois | | 25. DATE RECD. BY LOCAL REG. DEC 22 1961 | 26. REGISTRAR'S SIGNATURE Lead Smith M.D. |

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

James C. Dill

Licensed Embalmer No. 4347

P. O. Address 2906 Dan

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.