

Registration District No. 1003

Primary Registration District No. _____

Registrar's No. 9155

1. PLACE OF DEATH:

- (a) County _____
- (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
- (c) Name of hospital or institution: Homer G. Phillips
(If not in hospital or institution, write street number or location)
- (d) Length of stay: In hospital or institution 53 days
(Specify whether _____)
- In this community Unknown
years, months or days)

3. (a) PRINT
FULL NAMEWilliam Stubbs 7128. (b) If veteran,
name war _____3. (c) Social Security
No. None4. Sex Male5. Color or
race Negro6. (a) Single, widowed, married,
divorced Married6. (b) Name of husband or wife
Emily Stubbs6. (c) Age of husband or wife if
alive 40 years7. Birth date of deceased September 1, 1891
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

48121

hr. min.

9. Birthplace Camden
(City, town, or county)Arkansas
(State or foreign country)10. Usual occupation Watchman11. Industry or business Homer G. Phillips Hospital12. Name John Stubbs13. Birthplace Unavailable
(City, town, or county)

(State or foreign country)

14. Maiden name Unavailable15. Birthplace Unavailable
(City, town, or county)

(State or foreign country)

16. (a) Informant's own signature Emily Stubbs(b) Address 4040 Cote Brillante Avenue17. (a) Burial (b) Date thereof 10/27/1939
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Greenwood Cemetery(a) Signature of funeral director Charles J. Gates(b) Address 4107 Finney Avenue19. (a) OCT 26 1939 (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County _____
- (c) City or town St. Louis //
(If outside city or town limits, write "RURAL")
- (d) Street No. 4040 Cote Brillante
(If rural, give location)
- (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 22
year 1939 hour 4:20 minute _____ P. M.21. I hereby certify that I attended the deceased from
8-31- 1939o. 10-22- 1939
that I last saw him alive on 10-22- 1939
and that death occurred on the date and hour stated above.

Immediate cause of death

Peritonitis

Duration

UnknownDue to Peptic Ulcer, Ruptured

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings:
Of operation _____Of autopsy As above

PHYSICIAN

Underline
the cause to
which death
should be
charged statistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____
- (b) Date of occurrence _____
- (c) Where did injury occur? _____ (City or town) (County) (State)
- (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) Means of injury _____

23. Signature J. Owen Blache (M. D. or other) 10-25-39
Address 2601 N. Whittier Date signed _____

STATEMENT BY LICENSED EMBALMER

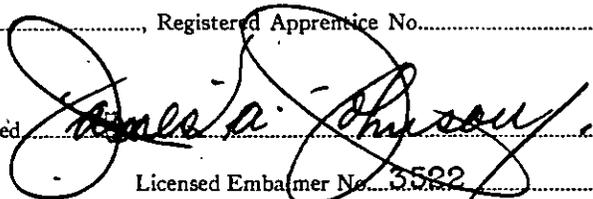
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

James A. Johnson

....., Registered Apprentice No.....

working under my personal supervision.

Signed



Licensed Embalmer No. **3522**

P. O. Address **4107 Finney Avenue**

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 this body is not embalmed, above space should be left blank.