

FILED APR 13 1942 791

Registration District No. _____

Primary Registration District No. **1003**

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:
5670 Kingsbury
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 38 years
years, months or days)

3. (a) PRINT FULL NAME HANNAH A. STUBBLEFIELD

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Monroe Stubblefield 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased December 9, 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 3 19 _____ hr. _____ min.

9. Birthplace Washington Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER, FATHER { 12. Name Noah Orchard
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Melsinia Alder
15. Birthplace Unknown 0
(City, town, or county) (State or foreign country)

16. (a) Informant Wendell Stubblefield
(b) Address 5835 Goener Avenue

17. (a) Burial (b) Date thereof 3/31/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director BEIDERWIEDEN F. HOME, INC
(b) APR 30 1942 36 St. Louis Avenue
19. (a) _____ (b) J. F. Bredbeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 5 033
(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")
(d) Street No. 5670 Kingsbury
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28th
year 1942 hour 10 minute 00 A.M.

21. I hereby certify that I attended the deceased from October 10, 1941 to March 28, 1942
that I last saw her alive on March 28, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Corboreal-Arterio Sclerosis
Hypertensive- Chronic

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

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) (e) Means of injury _____
23. Signature [Signature] (M. D. or other) [Signature]
Address 512 Valerius Street Date signed 3/29/42

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Geo. F. Rendleman - Ex. 1326
Asst. Bd. of Health

12-1
3-5

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

Dale Harness

Registered Apprentice No. *293*

working under my personal supervision.

Signed

Walter J. Krupin

Licensed Embalmer No. *3497*

P. O. Address *1936 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 this body is not embalmed, fact should be so stated above.