

DEAD APR 23 1943

818

Registration District No. .... Primary Registration District No. .... 1003

Registrar's No. .... 3517

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State ..... Missouri (b) County ..... St. Louis  
(c) City or town ..... Maplewood  
(If outside city or town limits, write "RURAL")  
(d) Street No. .... 2260 Yale Ave.  
(If rural, give location)  
(e) Citizen of foreign country? ..... (Yes or No)  
If yes, name country .....

3. (a) PRINT FULL NAME ..... Walter Stubbs

3. (b) If veteran, name war ..... 3. (c) Social Security No. 193-10-9156

4. Sex ..... Male 5. Color or Race ..... White  
6. (a) Single, widowed, married, divorced, Married  
6. (b) Name of husband or wife ..... Dora Mitcham  
6. (c) Age of husband or wife if alive ..... 62 years  
7. Birth date of deceased. 7/23/77  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
65 8 20 hr. min.

9. Birthplace ..... Mountain Grove, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation ..... Conductor

11. Industry or business ..... Street car

MOTHER FATHER  
12. Name ..... Benjamin Stubbs  
13. Birthplace ..... Pa. (City, town, or county) (State or foreign country)  
14. Maiden name ..... Mary Carver (City, town, or county) (State or foreign country)  
15. Birthplace ..... ? (City, town, or county) (State or foreign country)

16. (a) Informant ..... Dora Mitcham Stubbs

(b) Address ..... 2260 Yale Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/15/43 (Month) (Day) (Year)

(c) Place: burial or cremation ..... N. St. Marcus

18. (a) Signature of funeral director ..... Robert J. Ambruster  
(b) Address ..... Clayton Rd. at Concordia Lane

19. (a) Date received local registrar ..... APR 1 1943 (b) Registrar's signature ..... J. F. Bradeck (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13 year 1943 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from 4/8/43 to 4/13/43 that I last saw him alive on 4/13/43 and that death occurred on the date and hour stated above.

Immediate cause of death ..... Cerebral hemorrhage Duration 5 days

Due to ..... Hypertension and scabellity

Due to .....  
Other conditions (Include pregnancy within 3 months of death) .....  
Major findings: Of operations .....  
Of autopsy .....

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. A. Sterling (M. D. Physician)  
Address ..... 7265 Manchester Ave. Date signed 4/13/43

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

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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.....

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

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.**