

S. No. 300
M-10-47
Rev. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11135

FILED MAR 22 1948
Registration District No. 2887

Primary Registration District No. 6076

Registrar's No. 689

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
6000

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Manchester, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Manchester Nursing Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 16 months
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Linda Ann Stubbs
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced 0
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased Oct 14 1946
(Month) (Day) (Year)

8. AGE: Years 17 yrs Months 0 Days _____ If less than one day
hr. _____ min. _____

9. Birthplace Montgomery Alabama
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER
12. Name Stail Stubbs
13. Birthplace Edwardsville Ill.
(City, town, or county) (State or foreign country)
14. Maiden name Jeann Dunn
15. Birthplace Wichian Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Stilda Stubbs

(b) Address Edwardsville, Ill.

17. (a) Removal (b) Date thereof Mar. 15 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cemetery

18. (a) Signature of funeral director B. H. Helwig

(b) Address Edwardsville, Ill.

19. (a) 3-15-48 (b) Carl E. Thompson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County Madison
(c) City or town Edwardsville
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Mar day 14
year 1948 hour 8 minute 00 of P.M.
21. I hereby certify that I attended the deceased from May 4
1947 to Mar 14 1948
that I last saw her alive on Mar 8 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Congenital meningorach
congenital cleft palate, congenital
base lip, congenital absence of
teeth Duration _____

Due to _____
Due to 157 lb

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)
(e) Means of injury 0

23. Signature A. J. Miller M.D. (M. D. or other)
Address 3507 Delaney Date signed 3-15-48

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.)

W-21 **If this body is not embalmed, fact should be so stated above.**