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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED JAN 18 1949
318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

42726
State File No. _____
11456
Registrar's No. _____

Registration District No. _____ Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis Mo.
(b) City or town St. Louis
(c) Name of hospital or institution: St. Joseph
(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 Mo. (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3100
15 (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Hub Male white
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
4. Sex Male 4.5. Color White
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 13
year _____ hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____
_____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

MOTHER FATHER
7. Birth date of deceased: (Month) (Day) (Year) _____
8. Age: Years _____ Months _____ Days _____ If less than one day _____ hr. _____ min.
9. Birthplace: _____ (City, town, or county) (State or foreign country)
10. Usual occupation _____
11. Industry or business _____
12. Name _____
13. Birthplace: _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace: _____ (City, town, or county) (State or foreign country)
16. (a) Informant _____
(b) Address _____
17. (a) _____ (b) Date thereof: Jan 13 1949
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation CITY CEMETERY
18. (a) Signature of funeral director: A H Hoppe
(b) Address: 4700 Washington
19. (a) Jan 13 1949 (b) _____
(Date received local registrar) (Registrar's signature)

Immediate cause of death _____ Duration _____
Due to: Coronary Atherosclerosis
Due to: Brain Interstitial
Other conditions: arteriosclerosis
Major findings: _____
Of operations _____
Of autopsy _____
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 _____
Signature: _____ (M. D. or other) _____
Address: _____ Date signed: 1/14/49

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

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 Ralph W Henson

Licensed Embalmer No. 3791

P. O. Address St. Louis, MO

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.