

FILED APR 2 1 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13502
3026

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS	
d. FULL NAME OF HOSPITAL OR INSTITUTION HOMER G. PHILLIPS HOSPITAL		d. STREET ADDRESS (If rural, give location) 1105 th N. 19 th STREET	

3. NAME OF DECEASED (Type or Print) EUGENE HABBARD			4. DATE OF DEATH (Month) (Day) (Year) 3-29-1954		
5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JULY 1, 1883	9. AGE (In years last birthday) 70	9. AGE (In years last birthday) 70
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) L.A.	

13a. FATHER'S NAME JACK HABBARD		13b. MOTHER'S MAIDEN NAME DAPHNEY ROSS		14. NAME OF HUSBAND OR WIFE MARY HABBARD	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mary Hubbard 1105 th N. 19 th St.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Deedea of Brain</u>		INTERVAL BETWEEN ONSET AND DEATH	
	ANTECEDENT CAUSES Morbid conditions, (if any, giving rise to the above cause (a) stating the underlying cause last. <u>Excep lato Malacia</u> <u>Cerebral Thrombosis</u> <u>Whether the result of Natural causes or from a traumatic</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Injury could not be determined open Verdict</u>		20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

21a. ACCIDENT, SUICIDE, OR HOMICIDE (Specify) <u>Verdict</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 332X	
21d. TIME OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 5:00 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>John J. Quinn</u> (Degree or title) <u>Deputy</u>		23b. ADDRESS <u>1300 Clark</u>		23c. DATE SIGNED <u>3/31/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE <u>4-5-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>WASHINGTON PARK CEM.</u>	
DATE REC'D BY LOCAL REG. APR 5 1954		REGISTRAR'S SIGNATURE <u>J. Carl Smith</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO</u>	
		25. FUNERAL DIRECTOR'S SIGNATURE <u>M.A.F. WALTON</u>		ADDRESS <u>2707 STODDARD ST.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed W. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4575 Alder

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.