

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42805

State File No.

11398

FILED JAN 6 1956

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 <i>Mo.</i> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis Mo</i>		c. CITY OR TOWN <i>St. Louis</i>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place)		e. STREET ADDRESS (If rural, give location) <i>2289 W. Tucker</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>2023 West Jefferson St.</i>		3. NAME OF DECEASED a. (First) <i>Hubert</i> b. (Middle) <i>Daby</i> c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) <i>12 3 55</i>	5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED - NEVER MARRIED, WIDOWED, DIVORCED (Specify)
8. DATE OF BIRTH <i>1953</i>	9. AGE (At birthday) (Years) (Months) (Days) (Hours) (Min.) <i>2 yrs</i>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>None</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>None</i>
11. BIRTHPLACE (City and State or Foreign Country) <i>Mo</i>	12. CITIZEN OF WHAT COUNTRY?	13a. FATHER'S NAME <i>Mark</i>	13b. MOTHER'S MAIDEN NAME <i>Wick</i>
14. NAME OF HUSBAND OR WIFE <i>Wick</i>	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, also war or dates of service) <i>Wick</i>	16. SOCIAL SECURITY NO. <i>Wick</i>	17. INFORMANT'S SIGNATURE OR NAME <i>W.C. Taylor</i> ADDRESS <i>1300 Clark</i>
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Fracture of Skull 2. Internal Hemorrhage</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (c) stating the underlying cause last. DUE TO (b) <i>3 External Hemorrhage, W.P.</i> DUE TO (c) <i>Fracture of Skull in Room of 2023 S. Jefferson St. on Oct. 12, 1955</i>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>Cause and manner of death could not be determined</i>	21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>Homicide 2023 Staff W.</i>	
21b. PLACE OF INJURY (e.g., porch, home, farm, factory, street, office, etc.)	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <i>St. Louis MO</i>	21d. TIME OF INJURY (Month) (Day) (Year) <i>12 3 55</i>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>
21f. HOW DID INJURY OCCUR? <i>fall</i>	22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, and that death occurred at _____, 19____, from the causes and on the date stated above.	23a. SIGNATURE <i>James M. Kelly</i> (Degree or title) <i>Registrar</i>	23b. ADDRESS <i>1300 Clark</i>
23c. DATE SIGNED <i>12-14-55</i>	24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	24b. DATE <i>12-28-55</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Mt. Lebanon Cemetery</i>
24d. LOCATION (City, town, or county) (State) <i>St. Louis Co. Mo.</i>	25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS <i>Carl Smith Mrs. Hoppe 4700 Washington</i>	DATE REC'D BY LOCAL REG. <i>DEC 28 1955</i>	REGISTRAR'S SIGNATURE <i>Carl Smith</i>

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

Not Embalmed
Lewis Gibson

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.....
Signature of Student Embalmer

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is, not embalmed, fact should be so stated above.