

No. 2
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17-39
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FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **8630**
Registrar's No. **2040**

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County _____
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4313 Randall Place
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community **50 years**
years, months or days)

3. (a) PRINT FULL NAME **Ida K. Tubbesing**
8. (b) If veteran, name war **Nil** 8. (c) Social Security No. **Nil**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **George Tubbesing** 6. (c) Age of husband or wife if alive **74 years**
7. Birth date of deceased **Nov. 14, 1874**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 **3** **19** hr. min.

9. Birthplace **Granite City / Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housework**

11. Industry or business **Home**

MOTHER { 12. Name **Fred Theis**
13. Birthplace **Unk. / Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Unk. Borgmann**
15. Birthplace **Unk. / Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Fred Tubbesing**
(b) Address **5822 Pamplin Place**

17. (a) **Burial** (b) Date thereof **Mar. 5, 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Johns Cem**

18. (a) Signature of funeral director **Shedman & Sons**
(b) Address **3934 N. 20th St.**

19. (a) **MAR 4 1941** (b) **J. H. Bredbeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **000**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL") **9 17 9**
(d) Street No. **4313 Randall Place**
(If rural, give location) **0**
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **3**
year **1941** hour **2** minute **45** A.M.

21. I hereby certify that I attended the deceased from **Jan 26** 19**41**, to **March 2** 19**41**
that I last saw **her** alive on **March 2** 19**41**
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of Intestine**

Due to **Carcinoma of the Colon Primary**

Other conditions (Include pregnancy within 3 months of death) **None**

Major findings: Of operations **None** Of autopsy **None**

Duration
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? _____

(Specify type of place) While at work? _____ (e) Means of injury **None**

23. Signature **Beane A. Mowbray** (M. D. or other) **M.D.**
Address **4002 W. Flannigan Ave** Date signed **3/2/41**

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 Alfred J. Boedeker

Licensed Embalmer No. 2663

P. O. Address 4204 Prairie

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, above space should be left blank.