

FILED FEB 9 1943

Registrar's No. 1058

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME Harrison Sublette

3. (b) If veteran, name war no 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced 2

6. (b) Name of husband or wife Not known 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan 15 1874
(Month) (Day) (Year)

8. AGE: Years 69 Months 0 Days 16 If less than one day _____ hr. _____ min.

9. Birthplace De Soto Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Conductor

11. Industry or business So. Pacific R.R. Co.

12. Name George W. Shiblette

13. Birthplace Richmond Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Ann Washburn

15. Birthplace Springfield Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant John Sublette
(b) Address 4135 Grand, St. Louis, Mo.

17. (a) Burial (b) Date thereof 2-2-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation De Soto Mo.
18. (a) Signature of funeral director Mathew J. Farrell
(b) Address De Soto, Mo.
19. (a) FEB 2 1943 (b) J. J. Bredbeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jefferson
(c) City or town De Soto
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 31
year 1943 hour 6:40 minute _____ A. M.

21. I hereby certify that I attended the deceased from Jan 30, 1943, to Jan 31, 1943;
that I last saw him alive on Jan 31, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

Major findings:
Of operations _____
Of autopsy Coronary thrombosis
Empty stomach

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 _____
23. Signature F. R. Bradley (M. D. or other)
Address BARNES HOSPITAL Date signed 2/1/43

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

STATE OF MISSISSIPPI

1058

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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 *J. R. Mothershead*

Licensed Embalmer No. *3531*

P. O. Address *Post Office*

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.