

Registration District No.

Primary Registration District No.

Registrar's No.

850

1. PLACE OF DEATH:

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

3. (a) PRINT
FULL NAMEMatilda Tubbesing

3. (b) If veteran,

name war No

3. (c) Social Security

No. None4. Sex Female5. Color or
race White6. (a) Single, widowed, married,
2 divorced Widowed

6. (b) Name of husband or wife

Frank Tubbesing

6. (c) Age of husband or wife if

alive _____ years

7. Birth date of deceased

November 2, 1866
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

77223

____hr. ____min.

9. Birthplace

St. Louis, Missouri

(City, town, or county)

(State or foreign country)

10. Usual occupation

Housework

11. Industry or business

MOTHER FATHER

12. Name Frank Inteman

13. Birthplace

Germany

(City, town, or county)

(State or foreign country)

14. Maiden name

Mary McGinnis

15. Birthplace

Ireland

(City, town, or county)

(State or foreign country)

16. (a) Informant

Mrs. Marie Nottbusch

(b) Address

4259 Holly Ave.17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof

Jan. 29, 1944

(Month) (Day) (Year)

(c) Place: burial or cremation

Zion Cemetery

18. (a) Signature of funeral director

CALVIN F. FEUTZ FUNERAL HOME

(b) Address

4828 Natural Bridge Blvd.

19. (a)

JAN. 27 1944

(Date received local registrar)

J. F. Bulech

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
 (c) City or town St. Louis 12
 (If outside city or town limits, write "RURAL") 210
 (d) Street No. 4259 Holly Ave.
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 25th
 year 1944 hour 9:30 minute A. M.

21. I hereby certify that I attended the deceased from

Jan. 17 1944 to Jan 25 1944
 that I last saw him alive on Jan 25
 and that death occurred on the date and hour stated above.

Immediate cause of death

Myocardial infarct

Duration

4 hrs

Due to

Myocardial infarctyear

Due to

Acute Myocardial infarct10 years

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations 131

Of autopsy

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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 5

23. Signature

John S. Miller (M. D. or other) 100
Address 2107 University Date signed 1/29/44

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.....

John A. Wilson

Licensed Embalmer No. *4186*

P. O. Address *St. Louis Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.