No. 2
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 30 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

20330

State File No. 5575

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

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: Deaconess Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) 0 In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 6135 Crescent Avenue
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Ida Sublette
3. (b) If veteran, name war No.
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased October 1, 1868 (Month) (Day) (Year)
8. AGE: Years 75 Months 8 Days 17 If less than one day hr. min.
9. Birthplace DeSoto, Mo. (City, town, or county) 0 (State or foreign country)
10. Usual occupation Seamstress
11. Industry or business Dresses
MOTHER FATHER
12. Name George W. Sublette
13. Birthplace Richmond, Va. (City, town, or county) (State or foreign country)
14. Maiden name Sarah Ann Washburn
15. Birthplace Mo. (City, town, or county) 0 (State or foreign country)
16. (a) Informant Andrew J. Haverstick,
(b) Address 4 N. 8th St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/20/44 (Month) (Day) (Year)
(c) Place: burial or cremation Desoto, Mo.
18. (a) Signature of funeral director Robert J. Ambruster
(b) Address Clayton Rd. at Concordia Lane
19. (a) JUN 20 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 18 year 1944 hour 9 minute 05 P.M.
21. I hereby certify that I attended the deceased from Aug 3 1943, 19..., to 6/18/44, 19...; that I last saw her alive on 6/18/44, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of Stomach — Duration: Aug 3 1943
Due to
Due to
Other conditions: no
(Include pregnancy within 3 months of death)
Major findings: Of operations: no
Of autopsy: no

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) no
(b) Date of occurrence no
(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 Henry P. Nunn (M. D. or other) M.D.
Address Metropolitan Bldg. Date signed 6/16/44

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 1994

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