

S. No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **41868**
Registrar's No. **10982**

FILED JAN 11 1949

318

1003

Registration District No. _____

Primary Registration District No. _____

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:
4671 Terrace Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 48 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. 4671 Terrace Ave.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Kate Subert

3. (b) If veteran, name no 3. (c) Social Security No. none

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife Frank Subert 6. (c) Age of husband or wife if alive dead years
7. Birth date of deceased December 23 1884
(Month) (Day) (Year)

8. AGE: Years 63 Months 11 Days 25 If less than one day _____ hr. _____ min.

9. Birthplace Lithuania (City, town, or county) (State or foreign country)

10. Usual occupation Housewife
Home

11. Industry or business _____

12. Name Andrew Rasimus 13. Birthplace Lithuania
(City, town, or county) (State or foreign country)

14. Maiden name Katherin e Dereshka 15. Birthplace Lithuania
(City, town, or county) (State or foreign country)

16. (a) Informant Helen Miller (b) Address 4761 Terrace

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/21/1948
(Month) (Day) (Year)

(c) Place: burial or cremation Resurrection

18. (a) Signature of funeral director Henry H. Mademulle
(b) Address 6203 Gravois Ave

19. (a) DEC 20 1948 (Date received local registrar) (b) J. B. Laska (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 18
year 1948 hour 1 minute 10 P. M.

21. I hereby certify that I attended the deceased from OCT 19
48, to DEATH, 1948;
that I last saw h OR alive on DEC 13, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death CARCINOMATOSIS Duration UNCERT

Due to CARCINOMA OF UTERUS WITH METASTASES OVER 1 year

Due to _____

Other conditions H8
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 Thomas W. Parker (M. D. or other) _____
Address 4660 Maryland Date signed 12/21/48

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

MOTHER FATHER

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 Robert M. Murray

Licensed Embalmer No. 3749

P. O. Address. St. Louis, Mo

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.