

pt. Health,
, & Welfare
S. Public
with Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42714

FILED DEC 13 1957

1003

STATE FILE NUMBER
11764

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

S. 300
ev. 1-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY J. Charles	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN Portage Des Sioux	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 01 5461 Arlington Ave		d. STREET ADDRESS (If outside, give location) 30	
Length of stay in lb 1 week		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First George Middle A Last Tubbesing			4. DATE OF DEATH Month Dec Day 7 Year 1957
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 24, 1900
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Proprietor My River Home Boat Harbor		10b. KIND OF BUSINESS OR OCCUPATION	9. AGE (In years last birthday) 57
11. BIRTHPLACE (City and state or country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME George A. Tubbesing		13b. MOTHER'S MAIDEN NAME Ida Theiss	14. NAME OF HUSBAND OR WIFE Esther Tubbesing
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 489-18-9914	17. INFORMANT Address Esther Tubbesing, Portage Des Sioux, Mo
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. CAUSE OF DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Metastatic Carcinoma of Colon			INTERVAL BETWEEN ONSET AND DEATH 153x
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cirrhosis Liver (portal)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY . Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from October 15, 57 to Dec 7, 57 and last saw ^{her} him alive on Dec 6 '57 Death occurred at 8:30 pm on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE H. H. Siesener M.D. (Degree or title)		22b. ADDRESS 6000 W. Fleussant	22c. DATE SIGNED 12-7-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Dec 11, 1957	23c. NAME OF CEMETERY OR CREMATORY Friedens Cemetery
23d. LOCATION (City, town, or county) St. Louis, Missouri		(State)	
24. FUNERAL DIRECTOR Math Hermann & Son, Inc., 2161 E. Fair		25. DATE RECD. BY LOCAL REG. DEC 9 57	26. REGISTRAR'S SIGNATURE Earle Smith M.D.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Doctor, cancer, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Glen W. Way*
Licensed Embalmer No. *3737*

P. O. Address *G. Louis Inc*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.