

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-021092

318

1003

508E

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 508E

**FILED MAY 31 1962**

1. PLACE OF DEATH  
 a. COUNTY **ST. LOUIS MO.**  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN \_\_\_\_\_ Length of stay in lb \_\_\_\_\_  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **DE PAUL HOSP.** Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE \_\_\_\_\_ b. COUNTY \_\_\_\_\_  
 c. CITY OR TOWN **ST. LOUIS COUNTY MO.** Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) **1296 CHAMBERS RD.** Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last  
**ADELE G. Tubbesing TUMBBSING--**

4. DATE OF DEATH Month Day Year  
**5 18 62**

5. SEX **FEMALE** 6. COLOR OR RACE **WHITE** 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH **7-8-1895** 9. AGE (last birthday) **66**

10a. USUAL OCCUPATION (Give kind of work done during normal working life, even if retired) **HOUSEWIFE** 10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_ 11. BIRTHPLACE (City and state or country) **ST. LOUIS MO.** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **ABRAHAM L. SPINKS** 13b. MOTHER'S MAIDEN NAME **CATHERINE TARPY** 14. NAME OF HUSBAND OR WIFE **WILLIAM H. 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. \_\_\_\_\_ 17. INFORMANT **Tubbesing WILLIAM H. TUMBBSING 1296 CHAMBERS RD.** Address \_\_\_\_\_

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) **Carcinomatosis**  
 DUE TO (b) **Adenocarcinoma of rectum**  
 DUE TO (c) **154X**  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  
 PART III. If deceased was female was there a pregnancy in last 90 days.  
 Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) \_\_\_\_\_

20c. TIME OF INJURY Hour \_\_\_\_\_ a.m. \_\_\_\_\_ p.m. Month, Day, Year \_\_\_\_\_

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  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 **12:20am 11/6/61** to **5/18/62** and last saw him alive on **5/17/62**. Death occurred at \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **Joseph A. Troy M.D.** (Degree or title) 22b. ADDRESS **304 Northland Med. Bldg; 36** 22c. DATE SIGNED **5/18/62**

23a. BURIAL, CREMATION OR ENTHOMBMENT **5-2I-62** 23b. DATE \_\_\_\_\_ 23c. NAME OF CEMETERY OR CREMATORY **OAK GROVE MOUS.** 23d. LOCATION (City, town, or county) (State) **ST. LOUIS COUNTY MO.**

24. FUNERAL DIRECTOR **KRIEGSHAUSER** ADDRESS **4228 S. KINGSHIGHWAY** 25. DATE RECD. BY LOCAL REG. **MAY 19 1962** 26. REGISTRAR'S SIGNATURE **Loan Smith M.D.**

VS 300 Rev. 4/59

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DATE AMENDED  
 7/13/62  
 7/13/62  
 7/13/62

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF  
 Adele Tubbesing  
 William H. Tubbesing  
 William H. Tubbesing

DOCUMENT

BY AFFIDAVIT OF Funeral Director

59

USE BLACK INK OR TYPEWRITER RIBBON

DR. JOSEPH ROY  
ROOM-304  
EV-I-6500  
NORTON (MO)  
JAN 28 1968

**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 R.W. Storrans

Licensed Embalmer No. 4007

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