

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 5179

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: St. Anthony's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 030
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 8635 Oriole Ave (If rural, give location) 98
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Marie (Mary) Rubbelke

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Harry B. Rubbelke 6. (c) Age of husband or wife if alive 40 years
7. Birth date of deceased May 23 1901
(Month) (Day) (Year)

8. AGE: Years 40 Months 1 Days 0 If less than one day hr. _____ min. _____

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____
12. Name William J. Stanton
13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Rose O'Laughlin
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Harry B. Rubbelke
(b) Address 8635 Oriole Ave

17. (a) Burial (b) Date thereof 6/26/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation 1111 Calvary Cemetery

18. (a) Signature of funeral director Stroot - Carroll
(b) Address 4600 Natural Bridge Ave

19. (a) JUN 24 1941 (b) J. Thudrek
(Date of death) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23rd
year 1941 hour 6 minute 08am M.

21. I hereby certify that I attended the deceased from March 3 1940 to June 6 1941
that I last saw her alive on June 5 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of uterus
Due to _____

Due to Primary tumor
Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Carcinoma of uterus
Of operations _____
Of autopsy None

Duration _____
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) _____
(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 J. Thudrek (M. D. or other) _____
Address 3115 So. Grand Date signed 6/26/41

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

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.....

Sheldon Collier

Licensed Embalmer No. *3382*

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.