MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

19404

File No. 5352

Registered No.

1. PLACE OF DEATH

County

Township St. Louis

City St. Louis (No. 5110 North 20th St. Ward)

Registration District No. 1791

Primary Registration District No. 1107

2. FULL NAME William Edwin Schubert

(a) Residence. No. 5110 North 20th St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Child

5A. (IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 21, 1924

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	8	14	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Child
(b) General nature of Industry, business, or establishment in which employed (or employer) School
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Wm. H. Schubert

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Agnes Frey

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo.

14. INFORMANT William H. Schubert
(Address) 5110 North 20th Street

15. FILED ..., 19..

Mary C. Vlasich
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

4

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 5 1931

17. I HEREBY CERTIFY, That I attended deceased from April 5, 1931, to May 5, 1931, that I last saw him alive on May 5, 1931, and that death occurred, on the date stated above, at 6:40 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Diphtheria — Toxemia
Pneumonia — Meningitis
6:10 P.M.

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (SECONDARY) Meningitis from Infection cause Unknown (duration) yrs. mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) [illegible] M. D.

, 19 (Address) 1998 E. Granda

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL New Bethlehem

DATE OF BURIAL May 7 1931

20. UNDERTAKER Math. Hermary and Son

ADDRESS 4701 East Fair Ave.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.