

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

MAY 25 1934

1. PLACE OF DEATH
County City Hospital Registration District No. 791 ✓
Township _____ Primary Registration District No. 1003 File No. 14879
City St Louis MO City Hospital # 1 Registered No. 4074 St. _____ Ward _____
2. FULL NAME Leroy Schubel
(a) Residence, No. 2343 Ecoff ave St. 7 Ward _____ (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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb - 18 - 1934
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
2 4

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/22 1934
22. I HEREBY CERTIFY, That I attended deceased from March 12 1934 to 4/22 1934
I last saw him alive on 4/22 1934 Death is said to have occurred on the date stated above, at 5 Am.
The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Bronchopneumonia Date of onset 4/20/34
Yoga
Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis MO

Name of operation _____ Date of _____
What test confirmed diagnosis? Autopsy Was there an autopsy? yes

13. NAME Ivan Schubel
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hillsboro MO

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____ 19 _____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

15. MAIDEN NAME Mable Vegt
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) House Springs MO

17. INFORMANT Ivan Schubel
(ADDRESS) 2343 Ecoff ave

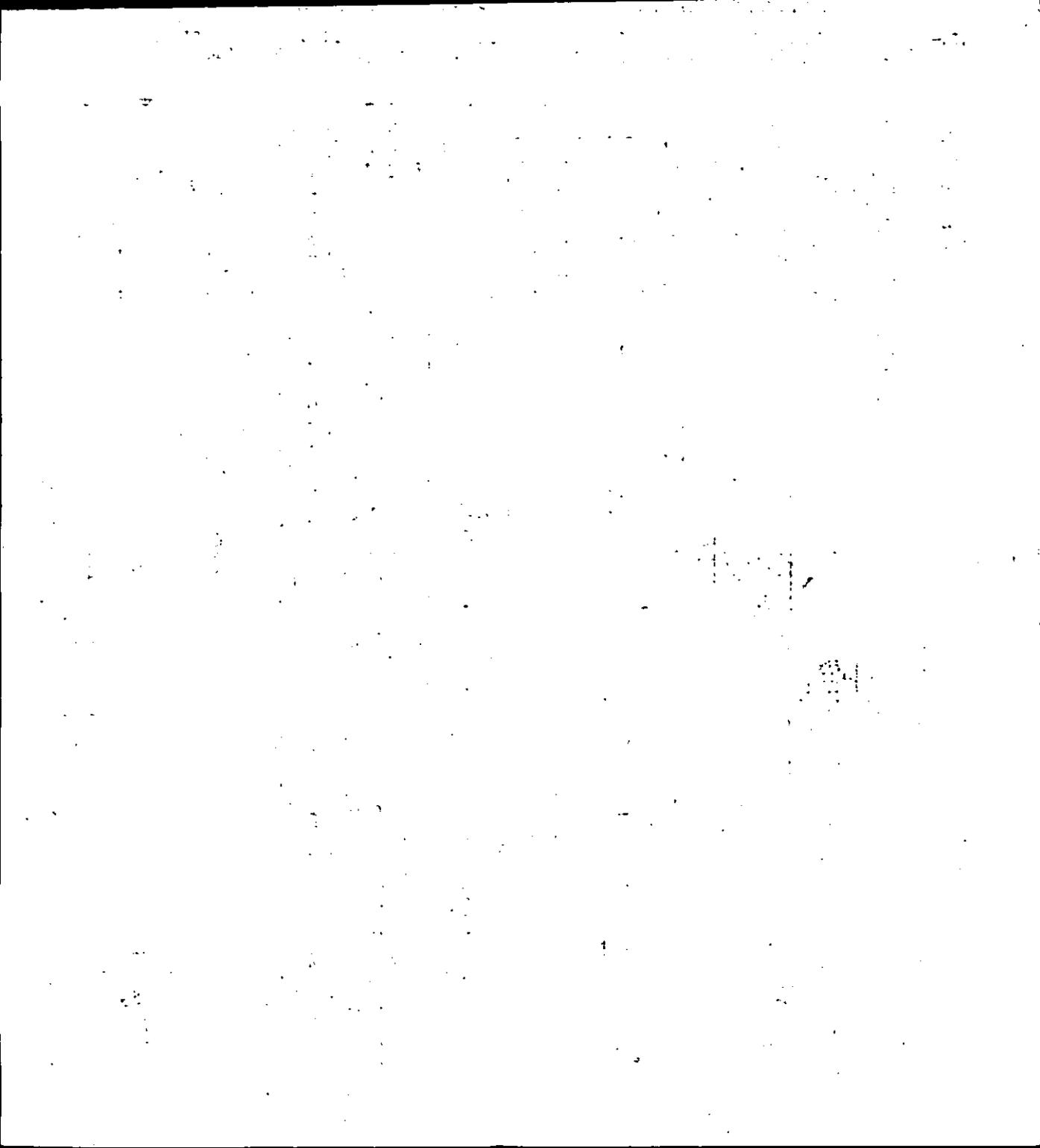
Manner of injury _____
Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL
PLACE House Springs MO DATE Apr - 24 1934

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) H. J. Dealthrough M. D.
(Address) City Hospital # 1

19. UNDERTAKER Edw. E. Ambrose
(ADDRESS) 4224 Manchester

20. FILED _____ 19 _____
J. Budeck
Registrar.



RECEIVED THE MEMORANDUM OF

THE BOARD OF DIRECTORS

DATE

S-14879

RECEIVED THE MEMORANDUM OF THE BOARD OF DIRECTORS
DATE

SECRET