

JAN 24 1938

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

46752
Do not use this space.

1. PLACE OF DEATH
 (a) County St. Louis Registration District No. 96 790
 (b) Township Clayton Primary Registration District No. 6023A
 (c) City Clayton (d) Street No. 7558 Byron Pl. Registered No. 551
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.
 2. PRINT FULL NAME Hortense M. Schaub
 (a) Residence, No. 7558 Byron Pl. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
 4. COLOR OR RACE Wh
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 3rd 1901
 7. AGE YEARS MONTHS Days If LESS than 1 day, hrs. or min.
34 5 28
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Stenographer
 9. Industry or business in which work was done, as saw mill, bank, etc. R. & C. Co.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri
 FATHER
 13. NAME Chas. J. Schaub
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri
 MOTHER
 15. MAIDEN NAME Mary E. Beatty
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri
 17. INFORMANT (ADDRESS) Mary E. Schaub 7558 Byron
 18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Clayton Jan 30 1938
 19. FUNERAL DIRECTOR (ADDRESS) Chas. J. Stuehr 1225 Union Blvd.
 20. FILED 1-1-38 THEODORE R. MEYER M. D. DR. P. H. (Address) Clayton Bldg
 Deputy State Comm. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 31 1937
 22. I HEREBY CERTIFY, That I attended deceased from 1937 to Dec 31 1937
 I last saw her alive on Dec 31 1937 Death is said to have occurred on the date stated above, at 9:18 A.M.
 The principal cause of death and related causes of importance were as follows:
Coronary Failure acute Date of onset
seen early to Dr. J. J. J. J.
and embolus of heart
and acute heart failure
 Other contributory causes of importance:
Endocarditis in childhood
with embolus of heart
circled
 Name of operation _____ Date of _____
 What test confirmed diagnosis? A.D. Was there an autopsy? _____
 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.
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) J. J. J. J. M. D.
 P. H. (Address) Clayton Bldg

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

STATEMENT BY LICENSED EMBALMER

I, Bernard R. J. Stuart, Licensed Embalmer No. 3500

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Bernard R. J. Stuart
Licensed Embalmer No. 3500

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.)