

REC'D OCT 12 1938

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

30807

Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003** Registered No. **8244**
(c) City **St Louis** (d) Street No. **6032 Emma Ave** St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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

Otilie Schubkegel **123**
(a) Residence, No. **6032 Emma Ave** St. **7**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec 6 1859**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 9 11

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

12. BIRTHPLACE (CITY OR TOWN) **Camden** 1
(STATE OR COUNTRY) **New Jersey**

FATHER 13. NAME **Friederich Herold** 6

14. BIRTHPLACE (CITY OR TOWN) **Germany** 6
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME **Margaretta Stephani**

16. BIRTHPLACE (CITY OR TOWN) **Germany**
(STATE OR COUNTRY)

17. INFORMANT **Mrs. Dickmann**
(ADDRESS) **6032 Emma Ave**

18. BURIAL, CREMATION, OR REMOVAL PLACE **New Bethlehem Cem** DATE **Sept 20 1938**

19. FUNERAL DIRECTOR **Beidervieden Funl Home Inc**
(ADDRESS) **1936 St Louis Ave**

20. FILED **SEP 20 1938** **J. P. Bredeck**
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept 17 1938** 19

22. I HEREBY CERTIFY, That I attended deceased from **8-16-38**, 19, to **9-17-38**, 19.

I last saw him alive on **9-16-38**, 19. Death is said to have occurred on the date stated above, at **7:32 A.M**

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset

9/16/38

Other contributory causes of importance:

Sub arteriosclerosis

Name of operation Date of
What test confirmed diagnosis? 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? **1**

If so, specify **Theo. H. Hansen**, M. D.

(Signed) **Theo. H. Hansen**, M. D.

(Address) **3651 Grindel Drive**

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.

STATEMENT BY LICENSED EMBALMER

I, Felix J. Krupin, Licensed Embalmer No. 3497

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 Felix J. Krupin
Licensed Embalmer No. 3497

-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.)