

REC'D JUN 14 1939

 MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH
18066
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85
 (b) Township Washington Primary Registration District No. 1001 Registered No. 509
 (c) City St. Joseph, Mo. (d) Street No. 2821 So 25th St St.
 (e) Length of residence in city or town where death occurred 63 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Joseph Schubert Sr

(a) Residence, No. 2821 So 25th St 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 Male 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 Eva Schubert

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 17, 1851

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
87 10 27

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Sexton
 9. Industry or business in which work was done, as saw mill, bank, etc. Calvary Cemetery
 10. Date deceased last worked at this occupation (month and year) 20 yrs 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bavaria Germany13. NAME Mike Schubert14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany15. MAIDEN NAME unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown17. INFORMANT (ADDRESS) Mrs Eva Schubert18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Olivet DATE May 17, 193919. FUNERAL DIRECTOR (NAME) (ADDRESS) Barry-Wylie Funeral
218 So 10th St.20. FILED May 17 35 W. J. Wattlebush Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 14, 193922. I HEREBY CERTIFY, That I attended deceased from May 15th to May 31st viewed viewedI last saw him live on, 19. Death is said to have occurred on the date stated above, at 12 A.M.

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

Chronic MyocarditisOther contributory causes of importance: Arterio
sclerosis

Name of operation _____ Date of _____

What test confirmed diagnosis? History Was there an autopsy? no23. 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? no
 if so, specify _____
 (Signed) B. W. Tardiff Coroner, M. D.
 (Address) King Hill Bldg St. Joseph Mo

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, D. E. Ryan

, or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed D. E. Ryan

Licensed Embalmer No. 3613

P. O. Address St. Joseph, Mo.

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, above space should be left blank.