

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Registration District No. 784 Primary Registration District No. 111

1. PLACE OF DEATH: (a) County St. Louis (b) City or town Richards Heights (c) Name of hospital or institution St. Mary's Hosp. (d) Length of stay: In hospital or institution 5 days In this community 57 Years 10 mths

2. USUAL RESIDENCE OF DECEASED: (a) State Mo. (c) City or town St. Louis (d) Street No. 5118 N. Kingshighway

3. (a) PRINT FULL NAME George Schubert (b) If veteran, name war Nil (c) Social Security No. 497-09-9347 (5) Color or race White (6) (a) Single, widowed, married, divorced, Married (b) Name of husband or wife Eleza Schubert (c) Age of husband or wife if alive 57 years (7) Birth date of deceased Feb. 8, 1882

20. DATE OF DEATH: Month Jan. 4 day year 1940 hour 9 minute 50 P.M. 21. I hereby certify that I attended the deceased from 20 Jan 1940 to 4 Jan 1940 that I last saw him alive on January 4 1940 and that death occurred on the date and hour stated above. Immediate cause of death Wernia

8. AGE: Years 57 Months 10 Days 26

9. Birthplace St. Louis Mo.

10. Usual occupation Funeral Director

11. Industry or business Undertaker

12. Name George Schubert

13. Birthplace En route to America on ship

14. Maiden name Margaret Steubinger

15. Birthplace Germany

16. (a) Informant's own signature Eleza K. Schubert

(b) Address 5118 N. Kingshighway

17. (a) Burial (b) Date thereof 1/8/40 (c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director (b) Address 3934 1/2 29th St. St. Louis

19. (a) JAN 6 - 1940 (b) Registrar's signature

Due to chronic nephritis Due to carcinoma of bladder Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations proved by biopsy Of autopsy 51

22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide (specify) (b) Date of occurrence (c) Where did injury occur? (d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature J. J. Marnish (M. D. or other) M.D. Address 5049 Metropolitan Blvd. Date signed 1-6-40

Duration 1 week Physician Underline the cause to which death should be charged statistically

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, or by.....

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

Signed: Frank A. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E. Grand

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.