No. 2
4-13-40
5-17-39
I X23159

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37036
9309

Registration District No. 791 Primary Registration District No. 1003 Registrar's No.

DEC 11 1940

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Deaconess Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town Troy
(If outside city or town limits, write "RURAL")
(d) Street No. N.R.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME John Schubert
3. (b) If veteran, name war No.
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Jane
6. (c) Age of husband or wife if alive 28 years
7. Birth date of deceased Aug. (Month) 8 (Day) 1909 (Year)

8. AGE: Years	Months	Days	If less than one day
31	3	1	hr. min.

9. Birthplace Troy (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
MOTHER FATHER
12. Name Gus Schubert
13. Birthplace (City, town, or county) Missouri (State or foreign country)
14. Maiden name Elizabeth Boepel
15. Birthplace (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Mrs. J. Schubert
(b) Address Troy, Missouri
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11/11/40 (Month) (Day) (Year)
(c) Place: burial or cremation Moscow, Missouri
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Ave.
19. (a) NOV 12 1940 (Date received by registrar) (b) J. P. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 9
year 1940 hour 8 minute 50 A. M.
21. I hereby certify that I attended the deceased from Nov. 9, 1940, to Nov. 9, 1940
that I last saw him alive on Nov. 9, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Anterior Poliomyelitis	10 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

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? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place) (e) Means of injury
23. Signature A. R. Shuffler (M. D. or other)
Address 1020 Ma Theatre Bldg. Date signed 11-11-40

(Licensed Embalmer's Statement on Reverse Side)

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 J. S. Sullivan

Licensed Embalmer No. 1122

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.