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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 20 1942 791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 19989
Registrar's No. 5806

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:
(a) County
(b) City or town **St. Louis, Missouri**
(c) Name of hospital or institution: **St. Louis City Hospital**
(d) Length of stay: In hospital or institution. **4 Days**
In this community, years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri.** (b) County **12**
(c) City or town **Saint Louis, 9/12**
(d) Street No. **4611 McPherson Ave.**
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME **Elizabeth Schubert**
3. (b) If veteran, name war
3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced, **Widowed.**
6. (b) Name of husband or wife **Louis Schubert**
6. (c) Age of husband or wife if alive, years **31st, 1888.**
7. Birth date of deceased. **May** (Month) **31st,** (Day) **1888.** (Year)

8. AGE: **54** Years **1** Months **4** Days
If less than one day hr. min.

9. Birthplace **Saint Louis, Missouri.**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Last name of business partner
Name **John Hartzke,**
Birthplace **Unknown** **Germany 4**
(City, town, or county) (State or foreign country)
Maiden name **Unknown**
Birthplace **Unknown** **Germany 4**
(City, town, or county) (State or foreign country)

18. (a) Informant **Antonia E. Hartzke**
(b) Address **4611 McPherson Ave.**

17. (a) **Burial** (b) Date thereof **July 8th, 42.**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Mount Hope Mausoleum.**

18. (a) Signature of funeral director **Ziegenhain Bros.**
(b) Address **6409 Gravois Ave.**

19. (a) **JUL 8 1942** (b) **J. J. Budisch**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **July** day **5,** year **1942** hour **7:10** minute **P. M.**
21. I hereby certify that I attended the deceased from **June 2,** 19 **42** to **July 5 2,** 19 **42**
that I last saw **er** alive on **July 5 2,** 19 **42**
and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary Thrombosis**
Due to **13**
Due to **73**
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **None reported**
Of autopsy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **None**
(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) **0**
(e) Means of injury
23. Signature **Tom Peterson** (M. D. or other) **7/6/42**
Address **1515 Lafayette Ave.** Date signed

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

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17
9

COPIES OF THIS CERTIFICATE TO BE FURNISHED TO:
1. The family of the deceased
2. The funeral home
3. The local health officer
4. The local registrar
5. The State Board of Health

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.....

W E Morris

Licensed Embalmer No. *3360*

P. O. Address. *6409 Gravois*

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, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Missouri
City of St. Louis } SS.
County of St. Louis

State File No. _____
Local Registrar's No. 5806

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 29th day of July, 1942, before me appears _____, who, upon his oath, states that the original record of ~~birth~~ death for Elizabeth M. Schubert died born July 5, 1942 in the State of Missouri, and which was filed at _____ on _____, 19____, should be corrected as follows:

- Item No. Time should read 7:10
Instead of _____ 1:10
- Item No. 21 should read July 2, 1942
Instead of _____ June 2, 1942
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant D. Om. Petersen M.D.
no Relationship.
City Hospital, St. Louis Mo.
Present Address.

Subscribed and sworn to before me this 29th day of July, 1942

My Commission expires May 11, 1946 Arthur S. Heine, Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Musa Bunker
296

1942

S-19989