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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 6 1942 791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 5314

Registration District No. _____

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5419-Algerison St. 1
(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 St. Louis
(c) City or town Overland, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 2811-Woodson Road
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JOHN M. SCHUBERT

3. (b) If veteran, name war none
3. (c) Social Security No. 492-056067

4. Sex mo 5. Color or race W
6. (b) Name of husband or wife Minnie May
7. Birth date of deceased May 2 1881
(Month) (Day) (Year)

8. AGE: Years 61 Months 1 Days 15
If less than one day hr. _____ min. _____

9. Birthplace Friedenburg, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Printer

11. Industry or business Arnold Schubert Co.

12. Name Herman Schubert

13. Birthplace Birmingham
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Weyer

15. Birthplace Paris, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Minnie Schubert

(b) Address 2811-Woodson Rd. Overland, Mo.

17. (a) Burial (b) Date thereof 6-20-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Bethel Am. Cem.

18. (a) Signature of funeral director Samuel Bros. Inc.
(b) Address 504-Woodson Rd. Overland, Mo.

19. (a) JUN 20 1942 (b) J. F. Bracker
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17
year 1942 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from June 17th to June 17th 1942
that I last saw him alive on June 16th 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
with athero-sclerotic Heart Disease
Due to arteriosclerosis

Duration
<u>5 min</u>
<u>2 yrs</u>
<u>24 yrs</u>

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 0

23. Signature H. G. Coffey, M.D. (M. D. or other)
Address Pattonville, Mo. Date signed June 18, 42

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

00
17
9

MOTHER FATHER

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 Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland 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, fact should be so stated above.