5789
V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

35888

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 1 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9798

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

1. PLACE OF DEATH:

(a) County St. Louis, Missouri

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Days (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 001 2617

(c) City or town St Louis Mo (If outside city or town limits, write "RURAL") 9

(d) Street No. 1500 Salisbury Str (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Frank Schubaschitz

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased September (Month) 29 (Day) Th1883 (Year)

8. AGE: Years 59 ----- Months 1 -- Days 24 -- If less than one day hr. min.

9. Birthplace Vienna Austria (City, town, or county) 4 (State or foreign country)

10. Usual occupation Porter In Tavern

11. Industry or business

FATHER
12. Name Not Knowen
13. Birthplace Austria (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Not Knowen
15. Birthplace Austria (City, town, or county) 4 (State or foreign country)

16. (a) Informant Mrs Anna Beck

(b) Address 4931a Genevive 1942

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov (Month) 26 (Day) Th (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Edward Koch

(b) Address 3516 N 14 Th Str

19. (a) NOV 24 1942 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 22, year 1942 hour 8:45 minute P. M.

21. I hereby certify that I attended the deceased from November 21, 1942, to November 22, 1942; that I last saw him alive on November 22, 1942; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Labor pneumonia. Uremia.	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Not obtainable

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Drew M. Pelleneo 0 (M. D. or other)

Address 1515 Lafayette Avenue, Date signed 11/23/42

(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 Harry J Schumacher

Licensed Embalmer No. 2679

P. O. Address 732 Lemay Ferry Rd

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.