S. No. 2
DM—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7725

FILED FEB 26 1943

Registration District No. 707 Primary Registration District No. 200 Registrar's No. 353

1. PLACE OF DEATH:

(a) County ST. LOUIS

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

(c) Name of hospital or institution: ROBERT KOCH HOSP. O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 32 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State MISSOURI (b) County — 17

(c) City or town ST. LOUIS 9
(If outside city or town limits, write "RURAL")

(d) Street No. 4151 PLEASANT
(If rural, give location)

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

If yes, name country /

3. (a) PRINT FULL NAME STEPHEN STUBITS

3. (b) If veteran, name war No

3. (c) Social Security No. 490-03-5645

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of ~~husband or~~ wife ANNA LOPERSBL

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

7. Birth date of deceased 8 (Month) — 17 (Day) — 1888 (Year)

8. AGE: Years 54 | Months 6 | Days 1 | If less than one day ___ hr. ___ min.

9. Birthplace HOLLE (City, town, or county) AUSTRIA 4 (State or foreign country)

10. Usual occupation LABORER

11. Industry or business PACKING HOUSE

FATHER
12. Name MICHAEL STUBITS
13. Birthplace EDLITZ (City, town, or county) AUSTRIA 4 (State or foreign country)

MOTHER
14. Maiden name JULIANA STRINE
15. Birthplace ? (City, town, or county) AUSTRIA 4 (State or foreign country)

16. (a) Informant PATIENT
(b) Address 4151 Pleasant St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 22 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Edward Koch
(b) Address 3516 N 14th St

19. (a) FEB 20 1943 (Date received local registrar) (b) C. G. McGarran M.D. (Registrar's signature) EB

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 18 year 1943 hour 10 minute 30 P M.

21. I hereby certify that I attended the deceased from 6 - 26, 1942, to 2 - 18, 1943; that I last saw him alive on 2 - 18, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary Tuberculosis	3 yrs. (?)
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Samuel S. Rosendick (M. D. ~~or other~~)

Address Koch Hosp. Koch, Mo. Date signed 2/19/43

707 (Licensed Embalmer's Statement on Reverse Side)

FEB 26 1943

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.