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

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 3 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8792

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2802

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: St. Anthonys Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 week (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis 96

(c) City or town ~~St. Louis~~ Gardenville
(If outside city or town limits, write "RURAL")

(d) Street No. 8207 Gravois N.R.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country /

3. (a) PRINT FULL NAME Charles T. Shubert

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male

5. Color or race white O

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

6. (b) Name of husband or wife Emelia Shubert

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

7. Birth date of deceased July 10, 1871 (Month) (Day) (Year)

8. AGE: Years 71 Months 8 Days 12 If less than one day hr. min.

9. Birthplace Not known (City, town, or county) Illinois / (State or foreign country)

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name Nicholas Shubert
13. Birthplace Not known (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Eliza Yates
15. Birthplace Not known (City, town, or county) Not known (State or foreign country)

16. (a) Informant Emelia Shubert
(b) Address 8207 Gravois

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3/25/43 (Month) (Day) (Year)
(c) Place: burial or cremation St. Johns Cem. Mehlville

18. (a) Signature of funeral director J. L. Ziegenhein & Sons
(b) Address 7027 Gravois

19. (a) MAR 24 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22 year 1943 hour 1:30 minute P M.

21. I hereby certify that I attended the deceased from Nov 10, 1938 to March 22, 1943 that I last saw him alive on March 20, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death coronary cardiac thrombosis	2 hrs
Due to arterio sclerosis	6 yrs
Due to diabetes mellitus	8 yrs
Other conditions nephritis and pyelitis (Include pregnancy within 3 months of death)	3 wks

Major findings:
Of operations 61
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 Richard Gunnaman (M. D. or other) M.D.
Address Sappington Mo Date signed 3/23/43

(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 G. P. Kidwell

Licensed Embalmer No. 3877

P. O. Address 7027 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.