S. No. 2
M—8-43
. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 16 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

3597

State File No. 0

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 2664

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
Larimore & Prigge Roads
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town Riverview Gardens 0
(If outside city or town limits, write "RURAL")

(d) Street No. Larimore & Prigge Roads 0
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Minnie Schubert

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex 1 Female

5. Color or race White

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

6. (b) Name of husband or wife Julius Schubert

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

7. Birth date of deceased February 25, 1867.
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
77	9	22	hr. min.

9. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business -

FATHER
12. Name Henry Beumer
13. Birthplace - - Germany 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Miss Weitkamp
15. Birthplace - - Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. Paoletto
(b) Address Larimore & Prigge Roads

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 20, 1944.
(Month) (Day) (Year)
(c) Place: burial or cremation St. Johns Cemetery

18. (a) Signature of funeral director Calvin F. Feutz Funeral Home
(b) Address 4828 Natural Bridge B lvd.

19. (a) DEC 27 1944 (Date received local registrar) (b) E. G. McGovern (M.D.) (Registrar's signature) Ohio

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 17th
year 1944 hour 4:15 minute P. M.

21. I hereby certify that I attended the deceased from Feb. 1st, 1944 to December 17, 1944
that I last saw her alive on Dec 16, 1944;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary thrombosis	1 hr
Due to Gen. Arteriosclerosis	year
Due to 94	
Other conditions Large abdominal hernia (Include pregnancy within 3 months of death)	5 years

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 Arthur Gundlow (M. D. or other) M.D.
Address 2202 University St. Date signed 12/18/44

(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 John A. Mlinar

Licensed Embalmer No. 4186

P. O. Address St. Louis 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.