S. No. 2
DM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 12 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35837

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10437

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: MISSOURI PACIFIC HOSPITAL
(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 000
(c) City or town ST. LOUIS 1817
(If outside city or town limits, write "RURAL")
(d) Street No. 1423 A MONTROSE 9
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Lawrence Schubel
3. (b) If veteran, name war NO
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) ~~Single, widowed,~~ married, ~~divorced~~ married
6. (b) Name of husband or wife MAMIE SCHUBEL
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased October 5 1884 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
~~Total~~	61	1	24	hr. min.

9. Birthplace EVANSVILLE (City, town, or county) INDIANA (State or foreign country)
10. Usual occupation FOREMAN
11. Industry or business R. R.
FATHER 12. Name ROBERT SCHUBEL
13. Birthplace INDIANA (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name DORCAS SMITH
15. Birthplace INDIANA (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Mamie Schubel
(b) Address 1423 A Montrose Av.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC-3-45 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY CEMETERY
18. (a) Signature of funeral director E. J. Schnurr
(b) Address 3125 Lafayette Av.
19. (a) DEC 2 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ~~October~~ NOVEMBER day 30 year 1945 hour 4 minute 45 P.M.
21. I hereby certify that I attended the deceased from 27 November, 1945, to 30 November, 1945, that I last saw him alive on 30 November, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chr. Myocarditis	3 months
Due to Coronary occlusion	4 yrs
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 0
23. Signature Robert J. Lanning (M. D. or other)
Address St. Louis, Mo. Date signed 11/30/45

(Licensed Embalmer's Statement on Reverse Side)

(Robert J. LANNING)

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 Jos B Vollmer

Licensed Embalmer No. 4014

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.