

S. No. 2
M-5-42
7. 5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 20 1946
318

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

22180

State File No.

Registration District No.

Primary Registration District No.
Registrar's No. **5021**

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:
3679 De Tonty St.
(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 **Illinois** (b) County **Fayette** **999**
(c) City or town..... **Loogootee**
(If outside city or town limits, write "RURAL")
(d) Street No.....
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No) **2**
If yes, name country.....

3. (a) PRINT FULL NAME **Emma Schubert**

3. (b) If veteran, name war **N11** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Harry Schubert** 6. (c) Age of husband or wife if alive **33** years

7. Birth date of deceased **August 13 1905**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
40 9 21 hr. min.

9. Birthplace **Farina Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

12. Name **Julius Wodtke**

13. Birthplace **Unknown Poland**
(City, town, or county) (State or foreign country)

14. Maiden name **Emelie Neihaus**

15. Birthplace **Washington County Illinois**
(City, town, or county) (State or foreign country)

16. (a) Informant **Harry Schubert**

(b) Address **Loogootee, Illinois**

17. (a) **Removal** (b) Date thereof **6-4-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Peter, Illinois**

18. (a) Signature of funeral director **Albert H. Hoppe**

(b) Address **4700 Washington Blvd.**

19. (a) **JUN 4 1946** **J. F. Bredick**
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **4**
year **1946** hour **4:15** minute **45** M.

21. I hereby certify that I attended the deceased from **Mar 27**, 19**42**, to **June 4th**, 19**46**
that I last saw her alive on **June 3rd**, 19**46**
and that death occurred on the **4th** date and hour stated above.

Immediate cause of death
Metastatic Carcinoma of Brain
Due to **Initial lesion, Carcinoma of Breast**
Due to **50**

Other conditions (Include pregnancy within 3 months of death)
Major findings: **Carcinoma, breast**
Of operations: **rt. removed 4-1-42**
Of autopsy

Duration

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?
While at work? (Specify type of place) (e) Means of injury **0**

23. Signature **Shew Stewart** (M. D. or other)
Address **4660 Maryland** Date signed **6/4/46**
Thomson

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
21049

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.....

W. W. Wilkinson

Licensed Embalmer No. 3575

P. O. Address.....

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.