

FILED APR 14 1947  
Registration District No. 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
St. Luke's 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 \_\_\_\_\_

(c) City or town University City  
(If outside city or town limits, write "RURAL")

(d) Street No. 1137 Meyer Ave  
(If rural, give location)

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

3. (a) PRINT FULL NAME Jacob H. Schaub

(b) If veteran, name war \_\_\_\_\_

(c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Anna 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased Aug. 16, 1866  
(Month) (Day) (Year)

8. AGE: Years 80 Months 7 Days 17 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Germany  
(City, town, or county) (State or foreign country)

10. Usual occupation Building Contractor

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Unknown

13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Schaub

(b) Address 6731 Crest, University City, Mo.

17. (a) Burial (b) Date thereof 4/5/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stanton, Mo.

18. (a) Signature of funeral director Louis H. Bopp, Inc.

(b) Address 31 W. Argonne Dr. Kirkwood

19. (a) \_\_\_\_\_ (b) J. T. Bredeak  
(Registrar's signature)

APR 5 1947

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3rd  
year 1947 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from Feb 11  
1947 to April 3 1947  
that I last saw him alive on April 2 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death:  
Acute Congestive Heart Failure  
Due to Valvular Heart Disease 12 hrs.  
10 yrs.?

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy Valvular heart disease with failure of acute congestive heart failure

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 \_\_\_\_\_

23. Signature Blair N. Magnus (M. D. or other) \_\_\_\_\_  
Address 6657 Euclid Date signed April 3

3614

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**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 Peter B. Dubrouillet

Licensed Embalmer No. 3691

P. O. Address Richmond Heights

**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.**