

FILED MAR 31 1947

State File No. **11539**
2850
Registrar's No.

Registration District No. **318**

Primary Registration District No. **1003**

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:
3636 Wyoming Street
(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..... **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **3636 Wyoming Street**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Nell M. Shubert**

3. (b) If veteran, name war..... 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 **Walter N.** 6. (c) Age of husband or wife if alive **66** years

7. Birth date of deceased **January 27th, 1882**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	65	1	18	hr. min.

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

10. Usual occupation **housewife**

11. Industry or business

12. Name **John Huegerich**

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

14. Maiden name **Anna Kuermel**

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

16. (a) Informant **Walter Shubert**

(b) Address **3636 Wyoming, St. Louis, Mo.**

17. (a) **Cremation** (b) Date thereof **Mar. 18, 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Missouri Crematory**

18. (a) Signature of funeral director **Wacker-Helderle**

(b) Address **3634 Grayots, St. Louis, Mo.**

19. (a) (Date received local registrar) **MAR 18 1947** (b) (Registrar's signature) **J. F. Breaux**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **15th**
year **1947** hour **11** minute **30** P.M.

21. I hereby certify that I attended the deceased from **11⁴** 19**47** to **Mar 15** 19**47**
that I last saw h*e* alive on **Mar 14** 19**47**
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of stomach** Duration **6 months**

Due to.....

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.....

23. Signature **Walter Shubert** (M. D. or other) **0**

Address **3903 Center** Date signed **Mar 17 47**

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

MOTHER-FATHER

[Handwritten mark]

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 Robert Circhella

Licensed Embalmer No. 2128

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.