U. S. No. 2
50M—1/47
Rev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 4 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26034
6942

Registration District No. 818 — Primary Registration District No. 1003 — Registrar's No.

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 3447 Lafayette 1 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 30 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St.Louis 17 (If outside city or town limits, write "RURAL")
(d) Street No. 3447 Lafayette 9 (If rural, give location)
(e) Citizen of foreign country? (Yes or No) 17
If yes, name country

3. (a) PRINT FULL NAME Willy Schubert
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex male
5. Color or race White
6. (a) Single, widowed, married, divorced widower
6. (b) Name of husband or wife Maria
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan. 31 1890 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
57	5	22	hr. min.

9. Birthplace Germany 4 (City, town, or county) (State or foreign country)
10. Usual occupation Salesman
11. Industry or business Brewery
12. Name Carl Schubert 1 (Father)
13. Birthplace Germany 1 (City, town, or county) (State or foreign country)
14. Maiden name not Known (Mother)
15. Birthplace germany 4 (City, town, or county) (State or foreign country) 1
16. (a) Informant Wolfgang Schubert
(b) Address 721 15th. Str. Minneapolis
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 7-26-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Mo. Crematory
18. (a) Signature of funeral director W. Schumacher
(b) Address 3013 Meramec
19. (a) JUL 25 1947 (Date received by local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23 year 1947 hour 10 minute 30 A.M.
21. I hereby certify that I attended the deceased from July 1, 1947 to July 14, 1947 and that I last saw him alive on July 14, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Thrombosis?	
Due to Arteriosclerotic heart disease	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause of 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 Barton A. Shatz (M. D. or other)
Address Jewel Hosp. Date signed 7/24/47
Barton A Shatz

Jefferson City Printing Co.
(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 Francis Williamson

Licensed Embalmer No. 3565

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.