S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 9 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43490
Registrar's No. 11801

Registration District No. 318 Primary Registration District No. 1006

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: Lutheran 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 Mo. (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 2128 Portis Ave. 9
(If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME EMMA L. SHICK
3. (b) If veteran, name war None
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Late Albert C.
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov. (Month) 30 (Day) 1866 (Year)

8. AGE: Years 81 Months 0 Days 26 If less than one day hr. min.

9. Birthplace Mt. Carmel (City, town, or county) Ill. (State or foreign country)
10. Usual occupation Housework
11. Industry or business
FATHER 12. Name Edward Gubelman
13. Birthplace Switzerland (City, town, or county) (State or foreign country) 5
MOTHER 14. Maiden name Sophia Seitz
15. Birthplace Mt. Carmel (City, town, or county) Ill. (State or foreign country)
16. (a) Informant Nellie L. Snyder
(b) Address 2128 Portis Ave.
17. (a) Removal (Rail) (Burial, cremation, or removal) (b) Date thereof 12-27-47 (Month) (Day) (Year)
(c) Place: burial or cremation Sumner, Ill.
18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.
19. (a) DEC 26 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 26 year 1947 hour 4:15 minute A. M.
21. I hereby certify that I attended the deceased from 1939, 19..., to ..., 19...; that I last saw her alive on 12-25-47, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypostatic Pneumonitis	10 days
Due to Myocardial failure	10 days
Due to Senility	10 yrs
Other conditions Cachexia (Include pregnancy within 3 months of death)	2 yrs

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 Walter H. Hoefer M.D. (Physician or other)
Address 3108 S. Grand Date signed 12-26-47

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

3108 So. Grand

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 Richard W. Stovesand

Licensed Embalmer No. 4007

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.