

No. 2
-1/47
5-17-39

UNITED STATES DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

3062
State File No. 676
Registrar's No.

National Office of Vital Statistics
FILED JAN 30 1948
318
Registration District No.

Primary Registration District No.

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

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:
4528 Tholozan Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community..... 76 Years
years, months or days) (Specify whether)

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. 4528 Tholozan Avenue
(If rural, give location)
(e) Citizen of foreign country?..... No. (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Mrs. Minnie Schubert
3. (b) If veteran, name war..... 3. (c) Social Security No.
4. Sex..... F 5. Color or race..... W
6. (a) Single, widowed, married, divorced..... W
6. (b) Name of husband or wife..... Frederick Schubert
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased. April 3, 1871
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 20
year 1948 hour 2: minute 00 A. M.
21. I hereby certify that I attended the deceased from 4/8/48 19..... to 1-20-48 19.....
that I last saw her alive on 1-20-48 19.....
and that death occurred on the date and hour stated above.
Duration
Immediate cause of death.....

8. AGE: Years Months Days If less than one day
76 9 17 hr. min.

Due to..... Rheumatic Heart Disease & mitral stenosis
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

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

Major findings:
Of operations.....
Of autopsy.....
PHYSICIAN
Underline the cause of which death should be charged statistically.

10. Usual occupation..... At Home
11. Industry or business.....
12. Name William Groeteke
13. Birthplace..... Germany
(City, town, or county) (State or foreign country)
14. Maiden name Mary Koehler
15. Birthplace..... Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Alfred W. Schubert
(b) Address 4528 Tholozan Avenue

17. (a) Burial (b) Date thereof..... 1/23/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Concordia Cemetery

18. (a) Signature of funeral director BEIDERWIEDEN F. H. INC.
(b) Address 1936 St. Louis Avenue

19. (a) JAN 23 1948 (b) J. F. Bradock
(Date received local registrar) (Registrar's signature)

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..... J. F. Bradock (M. D. or other)
Address 4523 S. Kings Highway Date signed 1/27/48

Dr. O. C. Pfeiffer,
4523 South Kingshighway

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 _____

Heale Paulson

Licensed Embalmer No. _____

4154

P. O. Address _____

1936 St. Louis Ave

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.