

FILED APR 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14357

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3066 Registrar's No. 672

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). a. STATE <u>MO</u> b. COUNTY _____	
b. CITY OR TOWN <u>Kirkwood</u> c. LENGTH OF STAY (in this place) <u>22 3 8 hrs.</u>		c. CITY OR TOWN <u>ST. LOUIS</u> d. STREET ADDRESS (If rural, give location) <u>2807 ST. VINCENT</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>654 N. Kirkwood</u>			
3. NAME OF DECEASED a. (First) <u>MARY</u> b. (Middle) <u>EVELYN</u> c. (Last) <u>SCHUBEL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3 18 49</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER</u>	8. DATE OF BIRTH <u>SEPT. 26-1947</u>
9. AGE (In years last birthday) <u>1 yr</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NIL</u>	10b. KIND OF BUSINESS OR INDUSTRY _____
11. BIRTHPLACE (State or foreign country) <u>ST. LOUIS MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>EDWIN SCHUBEL</u>		13b. MOTHER'S MAIDEN NAME <u>MARY EVELYN BAKER</u>	
14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>EDWIN SCHUBEL</u>		ADDRESS <u>2807 ST. VINCENT</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CONVULSION</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>STATUS EPILEPTICUS</u> DUE TO (c) <u>Birth Injury 2532</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>enlarged Heart</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>8 hr.</u>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Kirkwood 22</u>	21c. (CITY, TOWN, OR TOWNSHIP). (COUNTY) (STATE) <u>ST LOUIS MO.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>Aug. 14</u> , 19 <u>48</u> , to <u>Mar. 18</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>MAR 18</u> , 19 <u>49</u> , and that death occurred at <u>12:33 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Dr. Hallie Rheinberger D. O.</u>		23b. ADDRESS <u>Kirkwood 22. Mo.</u>	
23c. DATE SIGNED <u>3-18-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>MAR-21-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY CEM</u>	24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO</u>
DATE REC'D BY LOCAL REG. <u>3-19-49</u>	REGISTRAR'S SIGNATURE <u>Thuid L. Lunge</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>E. J. SCHNOR</u> ADDRESS <u>3125 LAFAYETTE</u>	

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

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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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed John B. Vollmer

Licensed Embalmer No. 41014

P. O. Address 3125 Lafayette 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.