

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008027

STATE FILE NUMBER

FILED MAR 9 1959

Registration District No. 319 Primary Registration District No. 4469 Registrar's No. 10

300
1-57

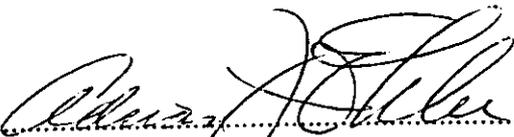
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>STE. GENEVIEVE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>STE. GENEVIEVE</u>	
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) <u>STE. GENEVIEVE</u>		c. CITY OR TOWN <u>ST. MARYS MO 0950</u>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>STE. GENEVIEVE NURSING HOME</u>		d. STREET ADDRESS (If outside, give location) <u>STAR ROUTE</u>	
3. NAME OF DECEASED (Type or print) First <u>JOSEPH</u> Middle <u>SCHUBIGERT</u> Last <u>SCHUBIGERT</u>		4. DATE OF DEATH Month <u>MAR</u> Day <u>1</u> Year <u>1959</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>APRIL 21 1878</u>
9. AGE (In years, last birthday) <u>80</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED FARMER</u>	11. BIRTHPLACE (City and state or country) <u>STE. GENEVIEVE CO. MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>GEORGE SCHWEIGERT</u>		13b. MOTHER'S MAIDEN NAME <u>ROSINA GRASS</u>	
13c. NAME OF HUSBAND OR WIFE <u>CHRISTINE ROTH</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO.	
17. INFORMANT <u>Mrs. Henry Wappler Ste. Genevieve Mo</u>		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Chronic Myo. Carditis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>10 Y 15</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>4222</u>	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>Dec 1958</u> to <u>March 1 1959</u> and last saw him alive on <u>March 1 1959</u> . Death occurred at <u>10:00 AM</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Robert Schuberger M.D.</u>		22b. ADDRESS <u>Ste. Genevieve Mo</u>	
22c. DATE SIGNED <u>3-1-59</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>3/4/59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>SACRED HEART</u>	23d. LOCATION (City, town, or county) (State) <u>OSONA MO</u>
24. FUNERAL DIRECTOR ADDRESS <u>Sec. Oak Ste. Genevieve Mo</u>		25. DATE RECD. BY LOCAL REG. <u>March 4, 1959</u>	26. REGISTRAR'S SIGNATURE <u>Paul Basler</u>

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
Signature of Student Embalmer

Signed 

Licensed Embalmer No. 4740

P. O. Address St. Amersfoort

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.