Health, Welfare Public Service

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-015696

STATE FILE NUMBER

FILED MAY 6 1959 Registration District No. ..... Primary Registration District No. ..... Registrar's No. 23856

1. PLACE OF DEATH
a. COUNTY -
b. CITY OR TOWN St. Louis — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) En Route to City Hospital — Length of stay in 1b 3

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY
c. CITY OR TOWN St. Louis — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 3310 Nebraska Ave — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First PETER Middle Last SCHUBERT
4. DATE OF DEATH Month Day Year 4-17-1959
5. SEX Male 0
6. COLOR OR RACE White 1
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH 7-4-1876
9. AGE (In years last birthday) 82 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY City of St. Louis
11. BIRTHPLACE (City and state or country) St. Louis Mo 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Peter Schubert
13b. MOTHER'S MAIDEN NAME Louisa Suedmeyer
14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (Give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Fred W. Schubert — Address 5357 Arsenal St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH Sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Hypertensive Cardio-vascular Disease — 4-5 years
DUE TO (c) Arteriosclerosis - Generalized 420.1 — 4-5 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) None
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 11/11/53, to 12/15/58 and last saw him alive on 12/15/58
Death occurred at 7:50 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Dr Paul W. Hilbert M.D. (Degree or title) 0
22b. ADDRESS 2905 Cherokee St - St Louis Mo
22c. DATE SIGNED 4/18/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 4-20-1959
23c. NAME OF CEMETERY OR CREMATORY St. Paul's Churchyard
23d. LOCATION (City, town, or county) 7600 Rock Hill Rd (State) Mo

24. FUNERAL DIRECTOR Gregenhem Bros. ADDRESS 6409 Gravois Av
25. DATE REC'D BY LOCAL REG. APR 20 '59
26. REGISTRAR'S SIGNATURE Karl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

2905 Cherokee St 1 Till 4

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. 4343

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

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