URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS DEC 11 1959

59-042480

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 211130

ENDED

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis, Mo.
Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Lutheran Hospital
Inside Limits: Yes ☒ No ☐

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): 1820 Alfred, Ave.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Malinda; Middle: ; Last: Schubkegel

4. DATE OF DEATH: Month: November; Day: 29; Year: 1959

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 2/12/1895

9. AGE (last birthday): 64
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (City and state or country): Belleville, Illinois.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Joseph Dorn

13b. MOTHER'S MAIDEN NAME: Unknown

14. NAME OF HUSBAND OR WIFE: Edwin G. Schubkegel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No. Nil.

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Edwin G. Schubkegel, Address: 1820 Alfred, Ave.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Asphyxia by Choking on bolus of food — INTERVAL BETWEEN ONSET AND DEATH: 10 minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 921.7 46

O.K. Paul J. Lemmon Deputy Coroner 12/1/59

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

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.) see above

20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year: 11 29 59

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.): 241 hospital

20f. CITY, TOWN, OR LOCATION: COUNTY: STATE:

21. I attended the deceased from Oct 5, 1959, to Nov 29, 59 and last saw her/him alive on Nov 28, 59
Death occurred at 5:10 pm Nov 29, 1959 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): W. G. Amezgard

22b. ADDRESS: 16 Hampton Village

22c. DATE SIGNED: 11/30/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 12-2-59

23c. NAME OF CEMETERY OR CREMATORY: Mascoutah City Cemetery

23d. LOCATION (City, town, or county) (State): Mascoutah, Illinois.

24. FUNERAL DIRECTOR: Albert H. Hoppe Inc., ADDRESS: 4700 Washington, Blvd.

25. DATE RECD. BY LOCAL REG.: DEC 1 1959

26. REGISTRAR'S SIGNATURE: Earl Smith, M.D. MPC

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

~~or by~~ _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Lawrence O. Ge

Licensed Embalmer No. 4929

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to con
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.