

DEC'D OCT 1 2 1938

 MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH
791
1008

30329

Do not use this space.

Registered No. 7766

1. PLACE OF DEATH

- (a) County..... Registration District No.....
 (b) Township..... Primary Registration District No.....
 (c) City St. Louis (d) Street No. St. Luke's Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Dorothy Anna Schubkegel 127

- (a) Residence, No. 1820 Alfred Street St. 17
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-30-1938 19

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

22. I HEREBY CERTIFY, That I attended deceased from 5-5-38 to 8-30-38 386. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-1-1926I last saw him alive on 8-30-38 38. Death is said to have occurred on the date stated above, at 6:06 P.M.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
12 5 29

The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

Summary Brain (malignant)

Date of onset

12. BIRTHPLACE (CITY OR TOWN) St. Louis, 9
(STATE OR COUNTRY) Missouri

Other contributory causes of importance

13. NAME Erwin G. Schubkegel 114. BIRTHPLACE (CITY OR TOWN) Mascoutah 1
(STATE OR COUNTRY) IllinoisName of operation Crematory Date of 8-30-38

What test confirmed diagnosis? Was there an autopsy?

15. MAIDEN NAME Malinda Dorn16. BIRTHPLACE (CITY OR TOWN) Belleville
(STATE OR COUNTRY) Illinois23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury....., 19.....Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.17. INFORMANT Dorothy Schubkegel
(ADDRESS) 1820 Alfred Ave.18. BURIAL, CREMATION, OR REMOVAL PLACE Mascoutah, Ill. DATE 9-3-1938Manner of injury.....
 Nature of injury.....19. FUNERAL DIRECTOR Pruth Center Mortuary
(ADDRESS) 4024 Lindell Bl.24. Was disease or injury in any way related to occupation of deceased?
 If so, specify.....20. FILED SEP - 1 1938(Signed) J. M. [Signature] M. D.(Address) Beaumont, Ill.

Local Registrar

(Licensed Embalmer's Statement on Reverse Side)

n. s. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, John Fetter, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

L. E. _____

No. _____ or by _____
working under my personal supervision.

Registered Apprentice No. _____

Signed John Fetter

Licensed Embalmer No. 3880

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.)