

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

1 X19511

2405 N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state EXACTLY. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

JAN 12 1940

Registration District No.

701

Primary Registration District No.

1. PLACE OF DEATH:

1008

- (a) County 1
  - (b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)
  - (c) Name of hospital or institution: City Hospital, #1  
(If not in hospital or institution, write street number or location)
  - (d) Length of stay: In hospital or institution 3 Days  
(Specify whether)
- In this community 34 YEARS  
years, months or days

8. (a) PRINT FULL NAME

Frank Schobitz 132

3. (b) If veteran,

name war NONE

3. (c) Social Security

No. 488-09-0907

4. Sex

MALE

5. Color or race

WHITE

6. (a) Single, widowed, married, divorced

MARRIED

6. (b) Name of husband or wife

MARIA SCHOBITZ

6. (c) Age of husband or wife if alive

51 years

7. Birth date of deceased

MAR. 28, 1883  
(Month) (Day) (Year)

8. AGE:

Years 56

Months 8

Days 12

If less than one day

hr. min.

9. Birthplace

UNKNOWN CZECHOSLOVAKIA  
(City, town, or county) (State or foreign country)

10. Usual occupation

COM. LABORER

11. Industry or business

12. Name FRANK SCHOBITZ

13. Birthplace UNKNOWN CZECHOSLOVAKIA  
(City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN

15. Birthplace UNKNOWN CZECHOSLOVAKIA  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Maria Schobitz

(b) Address 3018 N. 22, ST

17. (a) CREMATION (b) Date thereof DEC. 23, 1939  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation VALHALLA CREMATORY  
Goodhart Goodhart

18. (a) Signature of funeral director Harold Friedman

(b) Address 2228 ST. LOUIS AVE

19. (a) DEC 13 1939 (b) J. B. Prudek  
(Date registered) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State MISSOURI (b) County 1
- (c) City or town ST. LOUIS 20  
(If outside city or town limits, write "RURAL")
- (d) Street No. 3018 N. 22, ST  
(If rural, give location)
- (e) If foreign born, how long in U. S. A. 36 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 10,  
year 1939 hour 3:35 minute PM

21. I hereby certify that I attended the deceased from November 8, 1939, to December 10, 1939;  
that I last saw him alive on December 10, 1939;  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Carcinoma of Pleura.  
Chronic pericarditis

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 9 months of death)

Major findings: Of operations MI

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Harold Friedman (M. D. or other) \_\_\_\_\_

Address 1515 Lafayette, Date signed 12/11/39

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

MAY 21 1948

---

---

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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signature *Charles Goodhart*  
Licensed Embalmer No. 2777  
P. O. Address.....

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, above space should be left blank.