

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

10008

FILED DEC 11 1942
Registration District No. 818

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME Therese Schubert

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Frank Schubert 6. (c) Age of husband or wife if alive 80 years
 7. Birth date of deceased Aug. 13 1883
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>59</u>	<u>3</u>	<u>15</u>	hr. min.

9. Birthplace Germany
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business.....

12. Name John Mook13. Birthplace Germany
(City, town, or county) (State or foreign country)14. Maiden name Unknown15. Birthplace Germany
(City, town, or county) (State or foreign country)16. (a) Informant Mrs. Sidney Doza(b) Address 2703 Hadley St.17. (a) Burial (b) Date thereof 11-30-42
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Calvary Cemetery18. (a) Signature of funeral director Albert H. Hoppe Inc.(b) Address 4700 Washington Blvd.19. (a) DEC 1 1942 (b) J. F. Melick
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson
 (c) City or town Festus
(If outside city or town limits, write "RURAL")
 (d) Street No.....
(If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 28
year 1942 hour 8 minute 25 A.M.21. I hereby certify that I attended the deceased from Nov. 19, 1942 to Nov. 28, 1942, 19...
that I last saw her alive on Nov. 28, 1942, 19...
and that death occurred on the date and hour stated above.Immediate cause of death Coronary
accident. DurationDue to Hypertensive cardiac
vascular disease

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)Major findings:
Of operations.....

Of autopsy.....

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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 A. B. Stillman (M. D. or other) O
Address BARNES HOSPITAL Date signed.....

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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.

Signed.....

J. S. Sullivan

Licensed Embalmer No. *1172*

P. O. Address..... *City*

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, fact should be so stated above.