

FILED MAR 20 1944

318

Primary Registration District No. \_\_\_\_\_

1005

Registrar's No. \_\_\_\_\_

2229

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: CITY HOSP. 0  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

In this community 25 yrs.

2. USUAL RESIDENCE OF DECEASED: 000

(a) State MO (b) County 17

(c) City or town ST. LOUIS 97  
(If outside city or town limits, write "RURAL")

(d) Street No. 6032 EMMA  
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME REV. CHARLES SCHUBKEGEL

3. (b) If veteran, name war =

3. (c) Social Security No. =

4. Sex M 5. Color or race W.

6. (a) Single, widowed, married, divorced W. 2

6. (b) Name of husband or wife OTILLE HAROLD

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

7. Birth date of deceased: MAR 24 1860  
(Month) (Day) (Year)

8. AGE: Years 83 Months 11 Days 12  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace ILL. 1  
(City, town, or county) (State or foreign country)

10. Usual occupation MINISTER

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name WM. SCHUBKEGEL

13. Birthplace ? 9  
(City, town, or county) (State or foreign country)

14. Maiden name ELIZ. WAGNER ? 9

15. Birthplace ? 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Helen Dieckmann

(b) Address 6032 Emma Ave.

17. (a) BURIAL (b) Date thereof MAR 9 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NEW BETHLEHEM

18. (a) Signature of funeral director Benderman June

(b) Address 1936 W. 1st St.

19. (a) MAR 7 1944 (b) J. F. Brudeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAR. day 6  
year 1944 hour 8 minute 45 AM.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;

and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of right femur Duration  
Arteriosclerosis. Fracture of left  
Humerus, when he fell down the

Due to lost three steps in front of his  
home on Feb. 11, 1944

Due to about 4:30 Pm

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 statistically.

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

(a) Accident, suicide, or homicide (specify) Accident 000

(b) Date of occurrence 2-11-44

(c) Where did injury occur? St. Louis MO  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Home  
(Specify type of place)

While at work? no (e) Means of injury fall

23. Signature Chas. H. Perry (M. D. or other) \_\_\_\_\_  
Address Chas. H. Perry Date signed 3/7/44

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

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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.....

Licensed Embalmer No. *3737*

P. O. Address..... *936 St. Louis Ave*

**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.**