

FILED JAN 5 1946
 Registration District No. **318** Primary Registration District No. **1003**

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:
Federal Cold Storage Co. 1800 N. Broadway
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community ? 3
years, months or days)

3. (a) PRINT FULL NAME Fred W. Schubert
 3. (b) If veteran, name war No
 3. (c) Social Security No. No

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Ida Schubert
 6. (c) Age of husband or wife if alive 70 years
 7. Birth date of deceased July 31, 1871
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<u>74</u>	<u>08</u>	<u>4</u>	<u>24</u>	hr. _____ min.

9. Birthplace Pittsburgh, Pennsylvania
(City, town, or county) (State or foreign country)
 10. Usual occupation Chief Engineer

11. Industry or business Federal Cold Storage Co.

12. Name Charles Schubert
 13. Birthplace Germany
(City, town, or county) (State or foreign country)
 14. Maiden name Helen Daubert
 15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ida Schubert
 (b) Address 4604 Carrie Ave.

17. (a) Entombment Oak Grove Mausoleum
(Burial, cremation, or removal) (b) Date thereof Dec. 17, 1945
(Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Mausoleum
 18. (a) Signature of funeral director Calvin F. Feutz Funeral Home
While at work (b) Address 4828 Natural Bridge Blvd.

19. (a) DEC 17 1945 (Date received local registrar)
J. J. Brudeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Louis
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 4604 Carrie Ave.
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 15th
 year 1945 hour 9:45 minute 10A. M.
 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 Engulfed Left Ventricle
 Non. true water
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
 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?

23. Signature Alfred J. [Signature] (M. D. or other)
 Address [Signature] Date signed 12/17/45

Duration _____
 Underline the cause to which death should be charged statistically.

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

4022

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..... *Ralph Linders*
..... Licensed Embalmer No. *4275*
..... P. O. Address..... *St. Louis, Mo.*

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.