DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 21 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21339

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5261

1. PLACE OF DEATH:

(a) County
(b) City or town Saint Louis (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Deaconess Ev. Hospital-6150 Oakland (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 weeks (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96
(c) City or town University City 3 (If outside city or town limits, write "RURAL")
(d) Street No. 8018 Delmar Blvd. 5 (If rural, give location)
(e) Citizen of foreign country? N.R. (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME SHUBERT - Alonzo Jess

3. (b) If veteran, name war

3. (c) Social Security No. none

4. Sex Male O

5. Color or race White

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

6. (b) Name of husband or wife Antoinette Hilf Shubert

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Jan. (Month) 13 (Day) 1877 (Year)

8. AGE: Years	Months	Days	If less than one day
71	4	24	hr. min.

9. Birthplace Rock Creek (City, town, or county) Missouri O (State or foreign country)

10. Usual occupation Drayage Business

11. Industry or business worked for himself

MOTHER FATHER

12. Name unavailable
13. Birthplace unavailable (City, town, or county) 9 (State or foreign country)
14. Maiden name Eliza J.
15. Birthplace unavailable (City, town, or county) 9 (State or foreign country)

16. (a) Informant Lester A. Shubert
(b) Address 8018 Delmar

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Jun. 10, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director TRUTH CENTER MORTUARY
(b) Address 4024 Lindell Blvd.

19. (a) JUN 9 1948 (Date received local registrar) J. F. Broderick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7th year 1948 hour 5 minute 10 P.M.

21. I hereby certify that I attended the deceased from 4/19, 1948, to 6/7, 1948 that I last saw him alive on June 7, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Gastro-intestinal hemorrhage	1 day
Due to Neoplasm at site of operation	3 wks
Due to Ruptured duodenal ulcer	2 mos.
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations Ulcer of duodenum ruptured into pancreas
Of autopsy Neoplasm at site of operation

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

23. Signature Guy F. Beaty (M. D. or other) MD
Address 3720 Washington St. Louis Mo. Date signed 6/8/48

(Licensed Embalmer's Statement on Reverse Side)

Dr. Sim F. Beam 3720 Washington St.

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 Donald O. Uhlmke

Licensed Embalmer No. 13917

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.