

FILED DEC 14 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **39291**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1005** Registrar's No. **10358**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Mad</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>19</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <b>15</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3234<sup>a</sup> Pennsylvania</b>		d. STREET ADDRESS <b>27-3234<sup>a</sup> Pennsylvania Av.</b>	

3. NAME OF DECEASED a. (First) <b>Alving</b> b. (Middle) <b>Aliveng</b> c. (Last) <b>Shubert</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 30 1949</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Nov. 24, 1860</b>
9. AGE (In years last birthday) <b>89</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>Christ Klausung</b>		13b. MOTHER'S MAIDEN NAME <b>Catherine Kamphofner</b>		14. NAME OF HUSBAND OR WIFE <b>FRANK Shubert</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>No</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Martha Jenny</b> ADDRESS <b>3234<sup>a</sup> Pennsylvania</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>General Arterio Sclerosis (small)</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Several years</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last.		DUE TO (b)			
		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Arthritis (multiple)</b>				<b>Swingles</b>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTO-SY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>97</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Hit by car</b>	

22. I hereby certify that I attended the deceased from **Dec 12, 1949**, to **Nov 30, 1949**, that I last saw the deceased alive on **Nov 26, 1949** and that death occurred at **6:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>St. Louis Schuchat, MD</b>		23b. ADDRESS <b>2200 Chouteau av</b>		23c. DATE SIGNED <b>12-1-49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Dec. 3, 1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>New ST. Marcus</b>	
		24d. LOCATION (City, town, or county) (State) <b>ST. Louis, County</b>			

DATE REC'D BY LOCAL REG. <b>DEC 1 1949</b>		REGISTRAR'S SIGNATURE <b>J. B. Kasater</b>		FUNERAL DIRECTOR'S SIGNATURE <b>Witt Bros. &amp; Co.</b> ADDRESS <b>2929 S. Jefferson</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Harold C. Witt

Licensed Embalmer No. 4353

P. O. Address 2929 S. Jefferson

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.