

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **10170**  
Registrar's No. **1909**

FILED MAR 18 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place)		e. STREET ADDRESS (If rural, give location) <b>5811 Theodore Avenue, 20<sup>2079</sup></b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Missouri Baptist Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>CONRAD</b> b. (Middle) c. (Last) <b>SCHUBERT</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>February 26th, 1955</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>April 14th, 1884</b>
9. AGE (In years last birthday) <b>70</b>		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Painter</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Contracting</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Perryville, Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			

13a. FATHER'S NAME <b>Herman Schubert</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Anna Schubert nee Wurl</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. (If yes, give year or dates of service) <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Anna Schubert, 5811 Theodore Avenue, 20,</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <b>Renal Insufficiency</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Metastatic Carcinoma</b> DUE TO (c) <b>Carcinoma of Sigmoid</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <b>2-3 days</b> <b>2-3 mo</b> <b>1 year</b>	
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19a. DATE OF OPERATION <b>March 5<sup>4</sup></b>		19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma of Sigmoid</b>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)	
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>153x</b>	

22. I hereby certify that I attended the deceased from **2-25, 1955**, to **2-26, 1955**; that I last saw the deceased alive on **2-26, 1955**, and that death occurred at **8:45A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Joseph A. Fleper M.D.</b>		23b. ADDRESS <b>1617 Brentwood</b>		23c. DATE SIGNED <b>2-2-55</b>	
24a. PORTAL CREMATION REMOVAL (Specify)		24b. DATE <b>3/1/55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Bethlehem Cemetery</b>	
				24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b>	

DATE REC'D BY LOCAL REG. <b>MAR 1 1955</b>		REGISTRAR'S SIGNATURE <b>Carl Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>CALVIN F. FEUTZ, 4828 Natural Bridge Blvd., FUNERAL HOME, INC., St. Louis, 15, Missouri</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

File in City

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.....  
Signature of Student Embalmer

Signed..... *Roy C. Zindlers* .....

Licensed Embalmer No. 42

P. O. Address..... *St. Louis* .....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.