

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

28317
Do not use this space.

1. PLACE OF DEATH

County Registration District No. 701
Township Primary Registration District No. 078
City St. Louis (No. 5720 Chamberlin Ave)

File No.
Registered No. 7465
St. Ward)

2. FULL NAME

(a) Residence, No. 5720 Chamberlin St. 5 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>		4. COLOR OR RACE <u>White</u>		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs. Mich. Shreve</u>					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 10 1866</u>					
7. AGE		YEARS		MONTHS	
<u>67</u>		<u>7</u>		<u>17</u>	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		<u>Salesman</u>			
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)			11. Total time (years) spent in this occupation.		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>					
13. NAME <u>Samuel Shreve</u>					
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>La.</u> <u>0</u>					
15. MAIDEN NAME <u>Sarah McKinney</u>					
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>					
17. INFORMANT <u>Mrs. Mich. Shreve</u> (ADDRESS) <u>5720 Chamberlin Ave</u>					
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary</u> DATE <u>Aug 30</u> 19 <u>33</u>					
19. UNDERTAKER <u>Mullen and Co.</u> (ADDRESS) <u>5165 Delmar Blvd.</u>					
20. FILED <u>49</u> 19 <u>33</u> <u>19</u> <u>J. P. Bedeck</u> Registrar.					

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 27 1933

22. I HEREBY CERTIFY, That I attended deceased from May 1933, to Aug 27 1933
I last saw him alive on Aug 27 1933. Death is said to have occurred on the date stated above, at 5:30 P. m.
The principal cause of death and related causes of importance were as follows:
Ch. Nephritis
Ch. Nephritis
Arterio-sclerosis
Other contributory causes of importance:
131
936
97
131

Name of operation none Date of
What test confirmed diagnosis? Chemical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify Albert H. Coughlin, M.D.
(Signed) Albert H. Coughlin, M.D.
(Address) 3402 N. Union

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 26 1933
172
92
92
92

SECRET