

REC'D SEP 12 1938

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

26813
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **ST. Louis** (d) Street No. **3441 Klocke** Registered No. **6827**
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **John Schreiber**

(a) Residence, No. **3441 Klocke** St. **15**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edna Schreiber		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 28 1872		
7. AGE YEARS 66	MONTHS 4	DAYS 2
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. President of		
9. Industry or business in which work was done, as saw mill, bank, etc. Gen. Eng. & Mfg. Co		
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) Germany		
13. NAME Unknown		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany		
15. MAIDEN NAME Margaret Baubler		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany		
17. INFORMANT (ADDRESS) Edna Schreiber 3441 Klocke		
18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset DATE Aug. 2 19 38		
19. FUNERAL DIRECTOR (ADDRESS) Wm. Schumacher 3013 Meramec St.		
20. FILED AUG 1 1938 J. D. Bredich Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 30** 19**38**

22. I HEREBY CERTIFY, That I attended deceased from **June 20** 19**38**, to **July 30** 19**38**
I last saw him alive on **July 30** 19**38**. Death is said to have occurred on the date stated above, at **6:30** a.m.
The principal cause of death and related causes of importance were as follows:
Chronic Endocarditis
Mitral Regurgitation?
Date of onset

Other contributory causes of importance: **99**

Name of operation Date of
What test confirmed diagnosis? **Autopsy** 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? **no**
If so, specify **Paul R. Kozelmann** M. D.
(Signed) **Paul R. Kozelmann** M. D.
(Address) **3507 Klocke St**

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.

STATEMENT BY LICENSED EMBALMER

I, Clarence J. Rochow, Licensed Embalmer No. 3093

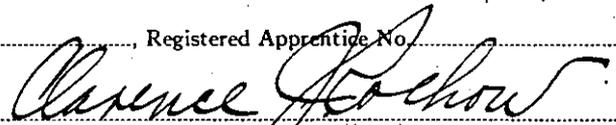
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by.....
working under my personal supervision.

..... Registered Apprentice No.

Signed.....



..... Licensed Embalmer No. 3093

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.)