

DEC'D MAY 10 1939

 MISSOURI STATE BOARD OF HEALTH  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF DEATH
791  
100813244  
Do not use this space.

3586

## 1. PLACE OF DEATH

(a) County ..... Registration District No. ....  
 (b) Township ..... Primary Registration District No. ....  
 (c) City St. Louis ..... (d) Street No. 1610 South Vandeventer ..... St.  
 (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 16 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME George E. Schrieber

(a) Residence, No. 1610 South Vandeventer St. 17 ..... (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## 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 Husband of Irene  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 18, 1895  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
43 11 19

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Shoe Worker  
 9. Industry or business in which work was done, as saw mill, bank, etc. Shoe Factory  
 10. Date deceased last worked at this occupation (month and year) 1939 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) DeSoto (STATE OR COUNTRY) Missouri

13. NAME Edwin Schrieber  
 14. BIRTHPLACE (CITY OR TOWN) Victoria (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Minnie Perry  
 16. BIRTHPLACE (CITY OR TOWN) Charleston (STATE OR COUNTRY) Missouri

17. INFORMANT Irene Schrieber (ADDRESS) 1610 South Vandeventer

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Matthews DATE Apr. 17, 1939

19. FUNERAL DIRECTOR (NAME) A. W. McLaughlin (ADDRESS) 2301 Lafayette Ave.

20. FILED APR 18 1939

J. B. Budick  
 Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 17, 1939

22. I HEREBY CERTIFY, That I attended deceased from Apr 15, 1939, to Apr 17, 1939.  
 I last saw him alive on Apr 16, 1939. Death is said to have occurred on the date stated above, at 5:45 AM.  
 The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance:  
Acute Nephritis - 10 days in hospital  
Wrenia  
acute probably from chronic nephritis.  
Acute Myocarditis?

Name of operation ..... Date of .....  
 What test confirmed diagnosis? ..... 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 Whitcomb Hall, M. D.  
 (Signed) Whitcomb Hall  
 (Address) 1625 Iron Street

**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..... *L. R. Cooper* .....

Licensed Embalmer No. *3633* .....

P. O. Address *2317 Lafayette* .....

**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, above space should be left blank.**