REC'D NOV 13 1939

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

34013
Do not use this space.

1. PLACE OF DEATH
(a) County 1 Registration District No. 791
(b) Township 1 Primary Registration District No. 1003 Registered No. 8551
(c) City St. Louis, Mo. 1 (d) Street No. Jewish Hospital 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 625 Frederick C. Schreihagen WELLSTON
(a) Residence, No. 6735 Lillie St. NR ~~St Louis~~, MO.
(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: Anna Miller S = Age 70
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 30 1869
7. AGE: YEARS 70 MONTHS 8 DAYS 4 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Relired (10 yrs)
9. Industry or business in which work was done, as saw mill, bank, etc.: Butcher
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): Marine Ill. 1

FATHER
13. NAME: Frederick C. Schreihagen
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown Germany

MOTHER
15. MAIDEN NAME: Marie Wittmer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown Germany

17. INFORMANT (ADDRESS): Mrs Anna Schreihagen 6735 Lillie Ave
18. BURIAL, CREMATION, OR REMOVAL PLACE: Memoria Park DATE: 10-6-1939
19. FUNERAL DIRECTOR (ADDRESS): C. R. Lupton & Sons 7233 Delmar, Blvd
20. OCT 5 1939 19 J. H. Budeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 10-4 1939
22. I HEREBY CERTIFY, That I attended deceased from 10-2, 1939, to 10-4, 1939
I last saw him alive on 10-4, 1939. Death is said to have occurred on the date stated above, at 12 50 (noon).
The principal cause of death and related causes of importance were as follows:

	Date of onset
Empyema of Gall Bladder Stones.	9-30-39

Other contributory causes of importance: 126

Name of operation: Cholecystostomy Date of: 10-3-39
What test confirmed diagnosis? — Was there an autopsy? yes

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 —
(Signed) Sam Schreider, M. D.
(Address) Jewish Hospital, St. Louis.

(Licensed Embalmer's Statement on Reverse Side)

MARGIN RESERVED FOR BINDING
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.
V. S. NO. 2. 50M-7-20-37 I X12004

STATEMENT BY LICENSED EMBALMER

I, Bradford A Miles, Licensed Embalmer No. 2901

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

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Bradford A Miles

Licensed Embalmer No. 2901

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.)