

Registration District No. 784

Primary Registration District No. 117

Registrar's No. 1301

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Webster Groves

(c) Name of hospital or institution: St. Louis  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

In this community 7 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Webster Groves  
(If outside city or town limits, write "RURAL")

(d) Street No. 350 Rosedale Ave  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME DANIEL MICHAEL SCHREIBER

3. (b) If veteran,  name war \_\_\_\_\_

3. (c) Social Security No. 492-05-924

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11  
8 year 1940 hour 10 minute 50 P. M.

21. I hereby certify that I attended the deceased from July 3<sup>rd</sup>  
\_\_\_\_\_, 1940, to July 9, 1940;  
that I last saw him alive on July 9, 1940;  
and that death occurred on the date and hour stated above.

4. Sex male

5. Color or race White

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Margaret Schreiber

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Jan 11 1883  
(Month) (Day) (Year)

Immediate cause of death Coronary occlusion Duration 5 min

8. AGE:	Years	Months	Days	If less than one day
	<u>57</u>	<u>6</u>		hr. _____ min.

Due to Coronary sclerosis 2yr +

9. Birthplace Evansville Indiana  
(City, town, or county) (State or foreign country)

Due to \_\_\_\_\_

Other conditions Generalized arteriosclerosis years  
(Include pregnancy within 3 months of death)

10. Usual occupation Business consultant

Major findings: 96  
Of operations \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Stephen Schreiber

13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Hoffmann

15. Birthplace Germany  
(City, town, or county) (State or foreign country)

Of autopsy Sclerotic aortic plaques  
Directing aortic aneurism

16. (a) Informant's own signature D. M. Schreiber Jr.

(b) Address 350 Rosedale Place

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 707

17. (a) Cremation (b) Date thereof July 12 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Nalkalka cemetery

(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

18. (a) Signature of funeral director Garth Hinkle

(b) Address Webster Groves

19. (a) JUL 12 1940 (b) W. R. Meyer  
(Date received local registrar) (Registrar's signature)

23. Signature D. A. Neubaum (M. D. number) 1

Address 3651 Grandel Square Date signed 7-12-40  
St Louis, Mo

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.

PHYSICIAN  
Underline the cause to which death should be charged statistically.

**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 *E. E. Aldrich*

Licensed Embalmer No. 1332

P. O. Address Webster Grove

**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.**