

FILED SEP 25 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **27025**

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **6924**

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4252 Meramec Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 69 years
years, months or days)

3. (a) PRINT FULL NAME Mrs. Wilhelmina Schreff *old*

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Henry Schreff 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased January 12, 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 7 1 _____ hr. _____ min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Household

11. Industry or business _____

12. Name Christian Ulrich

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

14. Maiden name Henrietta Munch
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Schreff

(b) Address 4252 Meramec Street

17. (a) Burial (b) Date thereof Aug. 16, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Frederick Journal

(b) Address 1936 St. Louis Avenue

19. (a) Aug 16 1940 (b) J. J. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4252 Meramec Street
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 13
year 1940 hour 12 minute 40 P. M.

21. I hereby certify that I attended the deceased from April 19,
1940, to 8-13-40, 19____;
that I last saw her alive on 8-13-40, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death
Rheumatic Heart Disease
Congestive Failure

Duration
24 hrs
1 day

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? _____

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

23. Signature Theo. H. Hansen (M. D. or other) _____

Address 3657 Grand Blvd Date signed 8/18/40

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

MOTHER FATHER

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.....

.....
working under my personal supervision.

..... Registered Apprentice No.

Signed.....

.....
Licensed Embalmer No.

P. O. Address.....

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.