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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 25 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30154

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 7431

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: 4985 Loughborough Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 2
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4985 Loughborough Ave. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Edward A. Scheibner
3. (b) If veteran, name war None
3. (c) Social Security No. 494-10-4029
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Doris Scheibner
6. (c) Age of husband or wife if alive 36 years
7. Birth date of deceased April (Month) 11 (Day) 1879 (Year)

8. AGE: Years 61 Months 4 Days 23 If less than one day hr. min.

9. Birthplace Wilmington (City, town, or county) Illinois (State or foreign country) 1
10. Usual occupation District Manager 9
11. Industry or business Rock-o-la Weighing Machine Co. 9
MOTHER FATHER
12. Name Andrew Scheibner
13. Birthplace (City, town, or county) Unknown (State or foreign country) 9
MOTHER
14. Maiden name Unknown Stahl
15. Birthplace (City, town, or county) Unknown (State or foreign country)
16. (a) Informant Doris Scheibner
(b) Address 4985 Loughborough Ave.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9-4-40 (Month) (Day) (Year)
(c) Place: burial or cremation Wilmington Illinois
18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway Blvd.
19. (a) SEP 4 1940 (Date received local registrar) (b) [illegible] (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 3rd year 1940 hour 12:05 minute P.M. M.
21. I hereby certify that I attended the deceased from ~~Jan. 22~~ Jan. 22, 1940, to Sept. 3, 1940, that I last saw him alive on Sept. 3, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	6 hrs.
Due to Hypertension	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Dr. Harold Schoff (M. D. or other)
Address 702 University Club Bldg. Date signed 9/4/40

(Licensed Embalmer's Statement on Reverse Side)

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 Edwin D M Dermott

Licensed Embalmer No. 3024

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.