S. No. 2
M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9199

FILED APR 8 1942

Registration District No. 1003 Primary Registration District No.

Registrar's No. 2431

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.,
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
5504 Cates Avenue.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County 5100 17 9

(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")

(d) Street No. 5504 Cates Avenue.
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME KATE SCHREIBER.

3. (b) If veteran, name war none.

3. (c) Social Security No. none.

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

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

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

7. Birth date of deceased Nov. (Month) 29, (Day) 1857. (Year)

8. AGE: Years	Months	Days	If less than one day
84.	3.	18.	hr. min.

9. Birthplace St. Louis, (City, town, or county) Missouri. 0 (State or foreign country)

10. Usual occupation At Home.

11. Industry or business

FATHER
12. Name Tobias Spengler.
13. Birthplace Germany. 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Christine Sielinger.
15. Birthplace Germany. 4 (City, town, or county) (State or foreign country)

16. (a) Informant Clotilde S. Koetter.
(b) Address 5463 Cabanne Ave.,

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof 3/19/42. (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director C.R.Lupton & Sons.
(b) Address #7233 Delmar Boulevard.

19. (a) MAR 19 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17th year 1942 hour 10 30 minute A. M.

21. I hereby certify that I attended the deceased from January First, 1941, to March 17th 1942 that I last saw h. alive on March 16th 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Myocarditis	2 yrs.
Due to Arterial Sclerosis	3 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
Of autopsy None

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) Natural
(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? None (e) Means of injury None

23. Signature Scott Hewes M.D. (M.D. or other)
Address 634 N. Grand St. Louis Mo. Date signed 3/19/42

(Licensed Embalmer's Statement on Reverse Side)

Dr Scott Heuer.
Mo. Theatre Bld'g.,
JS. #8411.
1 - 2.

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 Bradford A. Wiles

Licensed Embalmer No. 2901

P. O. Address University City

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, fact should be so stated above.