

ED JUN 19 1943 18

Primary Registration District No. 1003

Registrar's No.

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

1. PLACE OF DEATH:

(a) County ST. LOUIS  
(b) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1118 BAYARD - HOME 1  
(If not in hospital or institution, write street number & location)  
(d) Length of stay: In hospital or institution 3722  
In this community 18 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME ROSE S. SCHRIEBER

3. (b) If veteran, name war NO 3. (c) Social Security No. 1100E

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife late SHLOMISHEL SCHRIEBER 6. (c) Age of husband or wife if alive 3 years 1878  
(Month) (Day) (Year)

8. AGE: Years 64 Months 8 Days 5 If less than one day hr. min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business HOUSEWORK

12. Name UNIT NOW IV

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

14. Maiden name UNIT NOW IV

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

16. (a) Informant Reyn Sulim

(b) Address 1118 Bayard

17. (a) BURIAL (b) Date thereof 6-11-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel EMET

18. (a) Signature of funeral director Overhauled

(b) Address 4469 W. 64th St

19. (a) JUN 10 1943 (b) J. T. Bledsoe  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 000  
(c) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL" and name of township)  
(d) Street No. 1118 BAYARD  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9  
year 1943 hour 7 minute 30A.M.

21. I hereby certify that I attended the deceased from Fri 10  
1943 to June 9 1943,  
that I last saw her alive on June 9 1943,  
and that death occurred on the date and hour stated above.

Immediate cause of death coronary occlusion Duration 48 hrs.

Due to arteriosclerosis general many years.

Due to 9/4

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 Joseph Magidson (M. D. or other) MD

Address 520 W. 107th Date signed 6-9-43

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**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 W. B. Chesapeake

Licensed Embalmer No. 2669

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, fact should be so stated above.**