

FILED DEC 29 1943 318

Registration District No. \_\_\_\_\_ Primary Registration District No. 1003 Registrar's No. 11971

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

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

(c) Name of hospital or institution:  
558a Eiler /  
(If not in hospital or institution, write street number or location)

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

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_

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

(d) Street No. 558a Eiler Street  
(If rural, give location)

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

3. (a) PRINT FULL NAME Louisa Schreiber

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (g) Single, widowed, married, divorced 2 widowed

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: March 3 1871  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December, 12 day 12 year 1943 hour 6 minute 00 P.M.

21. I hereby certify that I attended the deceased from Dec 10 to Dec 12 1943 and that death occurred on the date and hour stated above.

8. AGE: Years 72 Months 9 Days 10 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation none

11. Industry or business none

MOTHER FATHER { 12. Name Paul - - -

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

14. Maiden name Cowling Kooper

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

16. (a) Informant Olivera Berleth  
(b) Address 558 1/2 Eiler St

17. (a) burial (b) Date thereof 12-15-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lebanon Illinois

18. (a) Signature of funeral director: Southern Funeral Home  
(b) Address 6322 South Grand Blvd.

19. (a) DEC 14 1943 (Date received local registrar) (Registrar's signature)

Immediate cause of death Cor. Myocardiosclerosis Duration 5 years

Due to Hypertension

Due to Atherosclerosis

Other conditions none  
(Include pregnancy within 3 months of death)

Major findings: Of operations 93

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 Dec 12

(c) Where did injury occur no  
(City or town) (County) (State)

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

While at work? \_\_\_\_\_ Means of injury \_\_\_\_\_

23. Signature Robert M. Mully (M. D. or other) \_\_\_\_\_  
Address 311 S. Grand Date signed 12/14/43

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

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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.....

*Virgil L. Berryman*

.....  
Licensed Embalmer No. *4018*

P. O. Address.....

*St. Louis, Mo.*

**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.**