

FILED APR 20 1944 318

Registration District No. Primary Registration District No. 1003

Registrar's No. 2213

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:
Sumner Keeloge Hosp
 (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 Mo. (b) County 0000
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3969 Botanical Ave
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Schreier, Joseph
 3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 9
 year 44 hour 11 minute 30 A. M.
 21. I hereby certify that I attended the deceased from 3-24
 1944, to 4-9, 1944;
 that I last saw him alive on 4-9, 1944
 and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
 6. (b) Name of husband or wife Late Mathilda Schreier 6. (c) Age of husband or wife if alive years
 7. Birth date of deceased Jan 12th 1862
 (Month) (Day) (Year)

Immediate cause of death Nephrosclerosis Duration ?

8. AGE: Years 82 Months 2 Days 28 hr. min.

Due to Arteriosclerosis (generalized)
 Due to.....

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

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

10. Usual occupation Ironworker

Major findings:
 Of operations.....
 Of autopsy.....

11. Industry or business.....
 12. Name Jacob Schreier
 13. Birthplace Germany
 (City, town, or county) (State or foreign country)
 14. Maiden name Katherine Krutz
 15. Birthplace Germany
 (City, town, or county) (State or foreign country)

16. (a) Informant Leonard Schreier
 (b) Address 9846 Coventry Lane

17. (a) Burial (b) Date thereof 4-12-44
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation St. Peter + Paul, Biegansberg, Matwee
 (Specify type of place)
 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?..... (e) Means of injury.....

18. (a) Signature of funeral director W. Peter + Paul, Biegansberg, Matwee
 (b) Address 4228 So. Fungshighway
 19. (a) APP (b) J. P. ...
 (Date received local registrar) (Registrar's signature)

23. Signature Philip J. ... (M. D. or other).....
 Address 1325 So. Grand Date signed 4-10-44

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Richard W. Howard
Licensed Embalmer No. 4007
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.