

No. 2
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-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF VITAL RECORDS
FILED JUN 20 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20243
State File No. _____
Registrar's No. 5366

Registration District No. 318

Primary Registration District No. 1003

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:
1907 West Pine Blvd.
(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 _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1907 West Pine Blvd.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Wilhelmina Schreier

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Charles A. Schreier 6. (c) Age of husband or wife if alive 9/29/21 years
7. Birth date of deceased April 22, 1858
(Month) (Day) (Year)

8. AGE: Years 86 Months 1 Days 21 If less than one day hr. min.

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

10. Usual occupation At home

11. Industry or business Not employed

FATHER { 12. Name Diedrich Mueller
13. Birthplace Germany
(City, town, or county) (State or foreign country)
MOTHER { 14. Maiden name Frederick Wilhelmina
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Dorothy Ford
(b) Address 71 Aberdeen Place

17. (a) Burial (b) Date thereof 6/11/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director Robert J. Ambruster
(b) Address Clayton Rd. at Concordia Lane

19. (a) JUN 14 1944 (b) J. F. Breeseck
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13
year 1944 hour 10 minute 05 A.M.

21. I hereby certify that I attended the deceased from Oct. 14, 1943, to 6/13/44, 1944;
that I last saw her alive on 6/9/44, 1944;
and that death occurred on the date and hour stated above.
Immediate cause of death Uraemia

Due to _____
Due to _____
Other conditions Cancer uteri
(Include pregnancy within 3 months of death) 8 months

Major findings: Non-operative type
Of operations C.A. uteri
Of autopsy No autopsy

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) (Means of injury)
23. Signature Dr. Simpson (M. D. or other) M.D.
Address 3739 Gravois R. Date signed 5/13/44

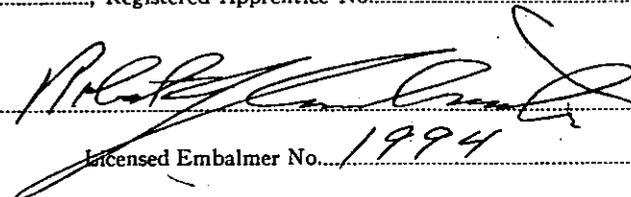
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....



.....
Licensed Embalmer No. 1994

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.