

FILED AUG 28 1944

Registration District No. 317

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

28831

State File No.

Registrar's No. 1748

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

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Wellston  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
6406 Ridge Avenue.  
(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

3. (a) PRINT FULL NAME Ella N. 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 John Schreiber. 6. (c) Age of husband or wife if alive Dec'd. years

7. Birth date of deceased February 15, 1863.  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
81 6 2 hr. min.

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

10. Usual occupation Housewife.

11. Industry or business \_\_\_\_\_

12. Name Christ Suhre.

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

14. Maiden name Caroline Winkelmever.

15. Birthplace Franklin County, Missouri.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Edward Verity.

(b) Address 6406 Ridge Avenue.

17. (a) Buriel (b) Date thereof 8/19/1944.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Labadie, Missouri.

18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.

(b) Address 5966-68 Easton Avenue.

19. (a) AUG 19 1944 (b) C. G. McLean M.D.  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town Wellston  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6406 Ridge Avenue.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 17th.  
year 1944 hour 2 minute A.M. P.

21. I hereby certify that I attended the deceased from one visit  
Aug 15, 1944 to \_\_\_\_\_ 19\_\_\_\_  
that I last saw \_\_\_\_\_ alive on Aug 15 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death, Chronic Myocarditis

Due to Age mostly

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 93d

Major findings: Of operations \_\_\_\_\_

Of 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? \_\_\_\_\_

(Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature H. D. Hawker (M. D. or other) \_\_\_\_\_  
Address 1506 Hadhamont Date signed 8/17/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

APR 20 1974

**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

*Ben Hoffman*

Licensed Embalmer No. ....

*4366*

P. O. Address

*W. Jarvis, 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.**