

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 317

Primary Registration District No. 3063

Registrar's No. 125

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: St. Louis County Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town Overland
(If outside city or town limits, write "RURAL")

(d) Street No. 2220 Hood
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME JAMES Patricia Schreckengast

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 13
year 1946 hour 9 minute 10 a.m.

21. I hereby certify that I attended the deceased from JAN. 2, 1946, to JAN. 13, 1946
that I last saw her alive on January 13, 1946
and that death occurred on the date and hour stated above.

4. Sex F / 5. Color or race W

6. (a) Single, widowed, married, divorced M /

6. (b) Name of husband or wife Wm. Schreckengast

6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased April 6 1868
(Month) (Day) (Year)

Immediate cause of death Coronary Occlusion

Due to Cerebro Vasculow accident

Due to 8321

8. AGE: Years 77 Months 9 Days 7 If less than one day _____ br. _____ min.

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

10. Usual occupation Housewife

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

MOTHER FATHER { 12. Name Wm. Conkle

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

14. Maiden name JULIAN Conkle

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

16. (a) Informant Wm. Schreckengast

(b) Address 2220 Hood Ave.

17. (a) BURIAL (b) Date thereof 1-16-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles Cem.

18. (a) Signature of funeral director ORTMANN FUNERAL HOME

(b) Address 9222 HICKLAND OVERLAND MO.

19. (a) 1-13-46 (b) G. M. HANCOCK
(Date received local registrar) (Registrar's signature)

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 Carroll Hendlin (M. D. or other) _____

Address 601 Brentwood Date signed 1-13-46

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

1956

-123
16-46

707

JAN 16 1946

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..... *Al C Ostmann*.....
Licensed Embalmer No. *3478*.....
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.