

No. 2
8-43
17-39
X37923

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 10 1946 THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8610**
Registrar's No. **367**

Registration District No. **42** Primary Registration District No. **1000**

1. PLACE OF DEATH:
(a) County **Buchanan**
(b) City or town **St. Joseph**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
908 North Noyes Blvd.,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **Not**
(Specify whether
In this community **16 years.**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Buchanan**
(c) City or town **St. Joseph**
(If outside city or town limits, write "RURAL")
(d) Street No. **908 North Noyes Blvd.,**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **Ernert Oscar Schreiber**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **491-09-1343**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Stella Schreiber** 6. (c) Age of husband or wife if alive **57** years

7. Birth date of deceased **February 16 1888**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
58 1 8 hr. min.

9. Birthplace **Buchanan County Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **General Manager & Buyer**

11. Industry or business **Associated Grocers**

12. Name **John Schreiber**

13. Birthplace **Buchanan County Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Bessie Marker**

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

16. (a) Informant **Stella Schreiber**

(b) Address **908 No. Noyes Blvd. St. Joseph, Mo.**

17. (a) **Burial** (b) Date thereof **3/27/1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park Cemetery.**

18. (a) Signature of funeral director **Walter Hirschhoffer**
(b) Address **1302 Farson St. Joseph, Missouri**

19. (a) **Mar. 30, 1946** (b) **W. H. Hirschhoffer**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **24th.**
year **1946** hour **8** minute **30 A. M.**

21. I hereby certify that I attended the deceased from **March 24 1946** to **March 24 1946**
and that I last saw him alive on **March 24 1946**
immediate cause of death **Coronary Thromb.**
and that death occurred on the date and hour stated above.

Due to **Coronary Arteriosclerosis - April 1945**

Due to **arterio scler - Feb 1945**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy **A 40**

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) While at work (c) Means of injury

23. Signature **Frank W. Anderson** (M. D. or other)
Address **620 Noyes** Date signed **4/5/46**

Duration
Physician
Underline the cause to which death should be charged statistically.

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 Albert R. Harrington

Licensed Embalmer No. 3258 Missouri

P. O. Address St. Joseph, Missouri.

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.