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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED NOV 19 1946**  
Registration District No. 27

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

**38293**  
State File No. \_\_\_\_\_  
Registrar's No. 3255

Primary Registration District No. 6076

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

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town Jefferson Barracks  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Veterans Administration Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Since 10-30-46  
(Specify whether years, months or days) 56 years

3. (a) PRINT FULL NAME SCHREIBKE, Edward  
(b) If veteran, name war World I  
(c) Social Security No. 490 14 0358

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
(b) Name of husband or wife \_\_\_\_\_  
(c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased July 4, 1890  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
56 4 0 5 hr. 6 min.

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

10. Usual occupation Laborer

11. Industry or business George Schreiberke  
12. Name George Schreiberke  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Elizabeth (Unknown)  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Registrar, Vet. Adm. Hosp.  
(b) Address Jefferson Barracks, Missouri

17. (a) Burial  
(Burial, cremation, or removal) (b) Date thereof Nov. 8 1946  
(Month) (Day) (Year)  
(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director C. Hoffmeister & L Co.  
(b) Address St. Louis, Missouri 7814 S. Broadway

19. (a) 1-9-46  
(Date received local registrar) (b) Ruth J. Allen MD  
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County oac  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3733 N. Broadway  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month November day 5  
year 1946 hour 5:06 minute 1 A. M.  
21. I hereby certify that I attended the deceased from October 30, 19 46 to November 5, 19 46  
that I last saw h. im alive on November 5, 19 46  
and that death occurred on the date and hour stated above.

Immediate cause of death CANCER OF SIGMOID  
Due to \_\_\_\_\_  
Due to 462

Other conditions INTESTINAL OBSTRUCTION 3 WKS.  
(Include pregnancy within 3 months of death.)  
Major findings: Transverse Colostomy  
Of operations 11-1-46  
Of autopsy: No Autopsy

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) No  
(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? R. C. Stiles (Specify type of place.) (e) Means of injury 0  
23. Signature L. E. STILWELL, M.D. (M. D. or other) \_\_\_\_\_  
Address Vet. Adm. Hosp., Jeff. Eks., Mopete signed 11-5-46

JAN 13 1948

MAR 13 1948

OCT 6 1948

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**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 *Louis C. Hoffmeister*

Licensed Embalmer No. *3871*

P. O. Address *7814 S. Broadway*

**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.