

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 3482

1. PLACE OF DEATH:

(a) County ST. LOUIS
(b) City or town MANCHESTER
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: MANCHESTER NURSING HOME
(If not in hospital or institution, write street number or location) 4
(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 000
(c) City or town ST. LOUIS 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3928 - GUSTINE 9
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Agatha Schreiner

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 WIDOWED

6. (b) Name of husband or wife JOSEPH SCHREINER SR. 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased JUNE 29 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 5 10 hr. _____ min.

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

10. Usual occupation HOUSEWIFE

MOTHER FATHER { 11. Industry or business _____
12. Name JOSEPH ENGBARTH
13. Birthplace HUNGARY
(City, town, or county) (State or foreign country)
14. Maiden name CATHERINE FRANK
15. Birthplace HUNGARY
(City, town, or county) (State or foreign country)

16. (a) Informant JOSEPH SCHREINER JR
(b) Address 3928 Gustine

17. (a) BURIAL (b) Date thereof 12-13-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NEW SS PETER & PAUL

18. (a) Signature of funeral director: C. Hoffmeister Colonial Mortuary

(b) Address 666 Chippewa st.

19. (a) 12-46 (b) Allen
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 9
year 1946 hour 1150 minute P M.

21. I hereby certify that I attended the deceased from Nov 25
1946 to Dec 9 1946
that I last saw her alive on Dec 8 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial pneumonia 3 days
Duration

Due to 107

Due to 4
Other conditions Possible il. st. lamplage
(Include pregnancy within 3 months of death) Senile dementia

Major findings: _____
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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) (e) Means of injury _____

23. Signature Chas Denny (M. D. or other) MD
Address Creve Coeur, Mo Date signed 12-10-46

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

400001

JAN 13 1947

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. *387*

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.