

FILED DEC 17 1946
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Registration District No. _____ Primary Registration District No. **1003**

Registrar's No. **10450**

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5851 Plymouth Ave.
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Obi
(c) City or town St. Louis 5 17
(If outside city or town limits, write "RURAL")
(d) Street No. 5851 Plymouth Ave. 9
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Josephine J. Schreiter

3. (b) If veteran, name war None 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Paul W. 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased July 5 1887
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 5 0 hr. _____ min.

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

10. Usual occupation Housework

11. Industry or business _____

12. Name Frank Schnur

13. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Rose Emge

15. Birthplace Belleville Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Paul W. Schreiter

(b) Address 5851 Plymouth Ave.

17. (a) Burial (b) Date thereof 12 7 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Kriegshauser Und. Co.

(b) Address 4228 So. Kingshighway Bl.

19. (a) Dec 6 1946 J. F. Bredenk
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 5th
year 1946 hour 11:00 minute A.M.

21. I hereby certify that I attended the deceased from Dec 2
(Monday) 1946 to Dec 5th 1946
that I last saw her alive on Dec 5th 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration _____

Due to Arterio Sclerosis

Due to _____

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.

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) (c) Means of injury _____

23. Signature William H. Thaler (M. D. or other) _____

Address 5704 Carpent Date signed 12/6/46

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

MOTHER FATHER

Apr 20 1904
1904
Franklin Ave.

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 *Edwin M. Acworth*
Licensed Embalmer No. *3024*

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.