S. No. 2
M—1/47
r. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 9 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 43472

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 11799

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: Deaconess Hospital
(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 200

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3277 Roger Pl. 9
(If rural, give location)

(e) Citizen of foreign country? 16 (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME WILLIAM L. SCHREIBER

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Laura

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased July (Month) 21 (Day) 1879 (Year)

8. AGE: Years 68 Months 5 Days 4 If less than one day hr. min.

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

10. Usual occupation Photographer

11. Industry or business For Self

FATHER
12. Name Louis Schreiber
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarah Brown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Laura Schreiber
(b) Address 3277 Roger Pl.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 12-29-47 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.

19. (a) DEC 26 1947 (Date received local registrar) (b) J. F. Brodeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 25
year 1947 hour 8:45 minute P. M.

21. I hereby certify that I attended the deceased from 12-3, 1947, to 12-25, 1947, that I last saw him alive on 12-24, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure from myocarditis (chronic)

Due to Peri hepatitis caused by chronic Hepatitis

Due to cause unknown

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Peri hepatitis with ascitis due to chronic Hepatitis
Of autopsy none

Duration

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature John W. Hotz (M. D. or other)
Address 714 Univ. Club Bldg. Date signed 12-26-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side) John W. Hotz

U. Club Bldg. 1-3

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 Richard W. Stovesand

Licensed Embalmer No. 4007

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.