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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 21609

FILED JUL 6 1948

Registration District No. 327

Primary Registration District No. 2002

Registrar's No. 1421

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: 7355 Lindell Blvd.
(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 Missouri (b) County St. Louis

(c) City or town University City
(If outside city or town limits, write "RURAL")

(d) Street No. 7355 Lindell Blvd.
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Rose Schreiber

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife John

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

7. Birth date of deceased February (Month) 10 (Day) 1873 (Year)

8. AGE: Years 75 Months 3 Days 26 If less than one day ..... hr. ..... min.

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

10. Usual occupation Retired

11. Industry or business .....

FATHER
12. Name Robert Dalton
13. Birthplace England
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Rose Wahl
15. Birthplace Penn.
(City, town, or county) (State or foreign country)

16. (a) Informant Dalton Schreiber
(b) Address 7923 Kingsbury, Clayton

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/8/48 (Month) (Day) (Year)
(c) Place: burial or cremation St. Charles, Mo.

18. (a) Signature of funeral director Louis H. Bopp, Inc.
(b) Address 131 W. Argonne Dr. Kirkwood

19. (a) 6-8-48 (Date received local registrar) (b) Cecil J. Shaw M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6
year 1948 hour 4 minute A.M.

21. I hereby certify that I attended the deceased from June 1, 1948 to June 6, 1948
that I last saw her alive on June 5, 1948
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Cerebral Hemorrhage | |
| Due to: Hypertension | |
| Due to: 83 a | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | |
| Of autopsy | |

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 Jos. L. Gross (M. D. or other)

Address 634 N. Grand Blvd. Date signed 6-7-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

## 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 _____

Licensed Embalmer No. 369

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.**