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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED SEP 13 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

28199

State File No.

Registration District No. **318**

Primary Registration District No. **100's**

Registrar's No. **7516**

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
4151 Juniata /
(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

3. (a) PRINT FULL NAME Cornelia Schreiner

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 Carl

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

7. Birth date of deceased Nov. 9 1863
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>84</u>	<u>9</u>	<u>16</u>	hr. _____ min. _____

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

10. Usual occupation Home

11. Industry or business _____

MOTHER FATHER

12. Name Otto Ruprecht

13. Birthplace Unknown (City, town, or county) Germany (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Marie Geissler

(b) Address 4151 Juniata

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 8/28/48
(Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director Wacker-Walden

(b) Address 3634 Gravois Ave.

19. (a) Aug 22 1948 (Date received for registration) (b) J. F. Muecke (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 4151 Juniata (If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Aug. day 25
year 1948 hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from June 1
1948 to Aug. 25 1948
that I last saw her alive on Aug. 25 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cardio. Vascular Dis. Duration 3 yrs

Due to Arterio-sclerosis. 8 yrs

Due to Leukemia

Other conditions (Include pregnancy within 3 months of death) None

PHYSICIAN

Major findings: Of operations None

Of autopsy None

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) (b) Means of injury None

23. Signature Dr. L. H. Beck (M. D. or other) _____
Address 1804 S. Grand Ave. Date signed 8/28/48

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 *Delis J. Krupic*

Licensed Embalmer No. 3497

P. O. Address 3634 Bravine

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.