

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

42945

State File No. _____

FILED JAN 3 1950

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 11019			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give town) St Louis		c. LENGTH OF STAY (in this place) 4 days		c. CITY (If outside corporate limits, write RURAL and give township) St Louis					
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital				d. STREET ADDRESS (If rural, give location) 2735 Geyer					
3. NAME OF DECEASED (Type or Print) a. (First) Arthur		b. (Middle) W		c. (Last) Schreier		4. DATE OF DEATH (Month) (Day) (Year) Dec. 22, 1949			
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED* (Specify) married		8. DATE OF BIRTH Jan 13, 1893			
9. AGE (In years last birthday) 56		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) painter			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (State or foreign country) Bunker Hill, Ill.			
12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME Wm Schreier		13b. MOTHER'S MAIDEN NAME Bhs		14. NAME OF HUSBAND OR WIFE Nina Schreier			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Nina Schreier 2735 Geyer					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sub arachnoid hemorrhage of brain. Ataxic gait of bridge of both legs suffered in fall down steps on lawn. Created at 2855 Howard about 11:20 pm Nov 18 1949							
		INTERVAL BETWEEN ONSET AND DEATH _____							
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. _____							
		DUE TO (a) _____ DUE TO (b) _____							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____							
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION Accident				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, factory, laboratory, street, office bldg., etc.) lawn		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis Mo 1810					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Nov 18 49 11:20 p.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? fall					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 12:30 A.M. , from the causes and on the date stated above.									
23a. SIGNATURE (Typed name, degree or title) Joseph M. Ziegenhein				23b. ADDRESS 1300 Clark				23c. DATE SIGNED 11/23/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 12/24/49		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) Bunker Hill, Ill.			
DATE REC'D BY LOCAL REG. DEC 23 1949		REGISTRAR'S SIGNATURE J. B. Laska		25. FUNERAL DIRECTOR'S SIGNATURE Ziegenhein & Sons		ADDRESS 7027 Gravois			

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

Handwritten marks

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed *Francis J. Quinn*

Licensed Embalmer No. *2245*

P. O. Address *St. Louis Mo.*

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.