

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 23932  
Registrar's No. 188

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 13016

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u> <u>0216</u>	
c. LENGTH OF STAY (In this place) <u>35 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>518 East Ashley Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>518 East Ashley St</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Edward</u> b. (Middle) <u>William</u> c. (Last) <u>Schreimann</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 28 1952</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July-29-1876</u>	9. AGE (In years last birthday) <u>75</u>	10. CITIZENSHIP <u>U.S.A.</u>
10a. USUAL OCCUPATION (If kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Hotel</u>		11. BIRTHPLACE (State or foreign country) <u>Woolman, Missouri</u>	

13a. FATHER'S NAME <u>Louis Schreimann</u>		13b. MOTHER'S MAIDEN NAME <u>Hannah Tschappler</u>		14. NAME OF HUSBAND OR WIFE <u>Lula Schreimann</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>500-16-3661</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lula Schreimann, Jefferson City, Mo</u>	

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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 m</u>	
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary sclerosis</u>			<u>3 yrs.</u>
	DUE TO (c)			
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 <u>4201</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 7-26-1952 to 7-28-1952, that I last saw the deceased alive on 7-26-1952 and that death occurred at 3:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Edward R. Bohner M.D.</u> (Degree or title)		23b. ADDRESS <u>Jefferson City, Mo 64502</u>		23c. DATE SIGNED <u>7-29-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July-30-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Riverview Cemetery</u>	
		24d. LOCATION (City, town, or county) <u>Jefferson City, Mo</u>		(State)	

DATE REC'D BY LOCAL REG. <u>July 30 - 1952</u>		REGISTRAR'S SIGNATURE <u>R.P. Darrie</u>		FUNERAL DIRECTOR'S SIGNATURE <u>W. J. ...</u>	
		ADDRESS <u>Jefferson City, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

264  
1

FEB 6 1953

AUG 6 1952

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.....

.....  
working under my personal supervision.

.....  
Student Embalmer No.....

Signed.....  
*Shap Jordan*

Signed.....  
Student Embalmer

.....  
Licensed Embalmer No. *1286*

.....  
P. O. Address *Officer City MN*

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.