

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **10573**

FILED APR 4 1955

Registrar's No. **466**

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 590		Registrar's No. 466			
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)					
a. COUNTY St. Louis		a. STATE Missouri		b. COUNTY St. Louis					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ladue		c. LENGTH OF STAY (in this place) 17 yrs		c. CITY OR TOWN Ladue		d. Is Residence within limits of city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION # 4 Mary Hill				e. STREET ADDRESS (If rural, give location) 4 Mary Hill					
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH						
a. (First) ALICE	b. (Middle) HOLM		c. (Last) SCHREIBER.		Month March	Day 5	Year 1955		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 3, 1896		9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Months _____	IF UNDER 1 YEAR Days _____	IF UNDER 24 HRS. Hours _____	Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house wife		10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Robert Holm.			13b. MOTHER'S MAIDEN NAME Minette Upmeyer.			14. NAME OF HUSBAND OR WIFE C. Harold Schreiber.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mr. C. Harold Schreiber; #4 Mary Hill, Ladue,					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH		
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) INTERSTITIAL NEPHRITIS						"2 MONTHS		
	ANTECEDENT CAUSES								
	DUE TO (b) CHRONIC MYOCARDITIS						2 YEARS		
	DUE TO (c) 1950 NON*MALIGNANT MULTIPLE CYSTS OF BOTH LUNGS, REMOVED ONE THIRD OF LOWER LOBES OF BOTH LUNGS.						5 YEARS		
	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 SEE ABOVE UNDER 1 C						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) SUICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) no injury or accident - natural causes		21c. (CITY, TOWN, OR TOWNSHIP) Ladue		(COUNTY) St. Louis		(STATE) Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? none					
22. I hereby certify that I attended the deceased from 1/15 , 19 49 , to 3/5 , 19 55 , that I last saw the deceased alive on 3/5 , 19 55 , and that death occurred at 4:45 P.m. , from the causes and on the date stated above.									
23a. SIGNATURE Scott Hennes, M.D.					23b. ADDRESS 634 N. Grand, St. Louis, Mo		23c. DATE SIGNED 3/7/55		
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 3/8/1955	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri				
DATE REC'D BY LOCAL REG. 3/7/55		REGISTRAR'S SIGNATURE Harold Lupton		25. FUNERAL DIRECTOR'S SIGNATURE R. LUPTON & SONS, 7283 DELMAR BLVD.,					

No. 300
10.46

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

400

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.....
Signature of Student Embalmer

Signed *Clarence H. Murr*.....

Licensed Embalmer No. *4011*.....

P. O. Address *St. Louis,*.....

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 embalmed by a **STUDENT**, he also shall sign in his **OWN** handwriting.
If this body is not embalmed, fact should be so stated above.