MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

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1. PLACE OF DEATH

County ..... Registration District No. ..... File No. 7046

Township ..... Primary Registration District No. ..... Registered No. .....

City St Louis (No. 1205 Locust St. Ward)

2. FULL NAME Fredrick M. Schreiner

(a) Residence. No. 6030 Waterman St. 5 Ward. ~~Kirkwood Mo~~
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Lalla Schreiner

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec = 4 = 1865

7. AGE: 63 Years | 6 Months | 28 Days | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Bond Salesman
(b) General nature of industry, business, or establishment in which employed (or employer): Marks = Steinberg Co
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

PARENTS

10. NAME OF FATHER: Martin Schreiner
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

14. INFORMANT: Mort Schreiner
(Address) Osage Hills - Kirkwood Mo

15. FILED ....., 19..... Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 2 1929

17. I HEREBY CERTIFY, That I attended deceased from June 3, 1929, to July 2, 1929, that I last saw him alive on June 27, 1929, and that death occurred, on the date stated above, at 9 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Arterio Sclerosis + Arterial Hypertension
(duration) yrs. 1 mos. ds.

CONTRIBUTORY (SECONDARY): Chronic Interstitial Neplintis (duration) yrs. 1 mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical + Laboratory
(Signed) D M Wilson, M.D
7/3, 1929 (Address) 4337 Washington

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Calvery
DATE OF BURIAL: July 5 1929

20. UNDERTAKER: Mullen Und Co
ADDRESS: 5165 Delmar

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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