

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

Do not use this space.

36970

**1. PLACE OF DEATH**

96 County St. Louis Registration District No. 789  
Township Central Primary Registration District No. 6033 B  
City Overland No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 298

**2. FULL NAME**

Edgar E. Schriever, Jr  
(a) Residence, No. 1322 P Woodson Rd. Ward. \_\_\_\_\_  
(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) Single  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 29, 1929  
7. AGE YEARS 3 MONTHS 0 DAYS 3 # 4 If LESS than 1 day, \_\_\_\_\_ hrs. \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nil  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Overland, Mo

13. NAME Edgar Schriever Sr  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo

15. MAIDEN NAME Kathel Harmon  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

17. INFORMANT Edgar E. Schriever, Jr  
(ADDRESS) 3228 P Woodson Rd Overland Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Free Free Bur DATE Nov. 4, 1932

19. UNDERTAKER Baumman Bros  
(ADDRESS) Overland Mo

20. FILED 11/3, 1932 Wells Greg M. D.  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 28, 1932, to Nov. 2nd, 1932  
I last saw him alive on Nov. 2nd, 1932 Death is said to have occurred on the date stated above, at 12 P. m.  
The principal cause of death and related causes of importance were as follows:

Acute ileocolitis Date of onset Oct 27 1932  
1205 / 20  
Other contributory causes of importance: \_\_\_\_\_

9 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Diucal Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_  
(Signed) T. Blansfield, M. D.  
(Address) 8900 Bristol

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

JAN 5 1933

