

APR 9 1937

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City St. Louis, Mo. (No.)

Registration District No. 791
Primary Registration District No. 1003
Barnes Hospital

File No. 10776
Registered No. 3350
St. Ward

2. FULL NAME

Emil Schreiber(a) Residence, No.
(Usual place of abode)

St.,

n.R. Ward.O'Fallon, Ill.
(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

White5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)Widower5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OFPauline Schreiber6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 15th, 1872

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.1964910

OCCUPATION

8. Trade, profession, or particular
kind of work done, as splaner,
sawyer, bookkeeper, etc.Maintenance Man9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.(Big Four RR)10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Germany

FATHER

13. NAME Wilhelm Schreiber14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Germany

MOTHER

15. MAIDEN NAME Emelia Anke16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Germany17. INFORMANT
(ADDRESS)Hedwig Schreiber
O'Fallon, Illinois

18. BURIAL, CREMATION, OR REMOVAL

PLACE O'Fallon, Ill. DATE March 28th, 193719. UNDERTAKER
(ADDRESS)Albert H. Hoppe Inc.,
429 N. Euclid Avenue

20. FILED

MAR 26 1937J. Bredeck
Registrar

MEDICAL CERTIFICATE OF DEATH

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

3-25-1937

22. I HEREBY CERTIFY, That I attended deceased from

March 19, 1937, to March 25, 1937I last saw him alive on March 25, 1937. Death is saidto have occurred on the date stated above, at 9:00 a.m.

The principal cause of death and related causes of importance were as follows:

DiabetesarteriosclerosisCoronary occlusion

Date of onset

?

?

3-15-37

Other contributory causes of importance:

Chronic nephritisUremia

?

Name of operation

Date of

What test confirmed diagnosis? → Was there an autopsy? yes

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) ReverendReverend

, M. D.

(Address) BARNES HOSPITALBARNES HOSPITAL

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.

