

REC'D JUL 12 1938

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

20239

Do not use this space.

1. PLACE OF DEATH

(a) County.....
 (b) Township.....
 (c) City St. Louis Mo (d) Street No. BARNES HOSPITAL St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. 9 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 1791Primary Registration District No. 1008Registered No. 5378**2. PRINT FULL NAME** Leda Mae Schrieber

(a) Residence, No. (Usual place of abode, if no street address, write county or city) 1116 St. MP Lincoln Ill.
 (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Carl Schrieber

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 14 1907

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
31 - - - - -

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as 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) Illinois

FATHER 13. NAME Vinson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER 15. MAIDEN NAME Mary Oglesby

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT Carl Schrieber
 (ADDRESS) Lincoln, Ill.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lincoln, Ill DATE 6-16 1938

19. FUNERAL DIRECTOR (NAME) Albert H. Hoppe Inc.
 (ADDRESS) 429 North Euclid Ave.

20. FILED JUN 14 1938 J. F. Bredbeck
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-14-1938

22. I HEREBY CERTIFY, That I attended deceased from 3-25- 1938 to 6-14- 1938

I last saw her alive on 6-14- 1938. Death is said to have occurred on the date stated above, at 12:45 a.m.

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

Pulmonary tuberculosisDate of onset
1933

Other contributory causes of importance:

Name of operation Extra pleural pneumothorax Date of 6-10-38
 What test confirmed diagnosis? Sputum test Was there an autopsy?

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?
 If so, specify

(Signed) F. R. Bradley, M. D.

(Address) BARNES HOSPITAL

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

Registered Apprentice No....., working under my personal supervision.

Signed.....

Guy W Wilkinson

Licensed Embalmer No.....

3575

P. O. Address.....

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, above space should be left blank.