

REC'D JUL 12 1938

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

20649

Do not use this space.

5788

## 1. PLACE OF DEATH

 (a) County.....  
 (b) Township.....  
 (c) City St. Louis  
 (e) Length of residence in city or town where death occurred

 Registration District No. 791  
 Primary Registration District No. 1008  
 (d) Street No. City Hospital No. 1
Registered No. 5788

(If death occurred in Hospital or Institution, write its name instead of street and number) St.

(f) How long in U. S., if of foreign birth? yrs. mos. ds. yrs. mos. ds.

D. 2051

## 2. PRINT FULL NAME

William Schreff(a) Residence, No. 3519 North 21st St.

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

 3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  
Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 21, 1866
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
71 6 6

 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc. nil  
 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) St. Louis, Missouri13. NAME Fred Schreff14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany15. MAIDEN NAME Mary ?16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany17. INFORMANT (ADDRESS) Hosp. Info M. Kent

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE ST. PETERS DATE June 193819. FUNERAL DIRECTOR (NAME) (ADDRESS) Wedmeyer & Sons  
3934 St. 29 St.20. FILED JUN 27 1938

Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/27/38, 1922. I HEREBY CERTIFY, That I attended deceased from 5/12/38 to 6/27/38, 19I last saw him alive on 6/27/38, 19. Death is said to have occurred on the date stated above, at 1.30 a

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

Date of onset

Degenerative Heart Disease  
Myphitis - 3/4

Other contributory causes of importance:

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy? no23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?..... Date of injury....., 19Where 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) Stedley G. Lockwood, M. D.  
(Address) City Hospital No. 1

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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, .....

*Geo P Schubert*

....., or by .....

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

Signed.....

*Geo P Schubert*

Licensed Embalmer No. *2212*

P. O. Address *5718<sup>th</sup> N. Kingshigh*

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.