

1919 1938

DEC 8 1938

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

40348  
Do not use this space.

1. PLACE OF DEATH  
 (a) County St. Louis Registration District No. 784  
 (b) Township Harmony Primary Registration District No. 200  
 (c) City Overland (d) Street No. 9411 Trescott 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 15 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.  
 2. PRINT FULL NAME Alice Schreckengast  
 (a) Residence, No. 9411 Trescott St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

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 Walter Schreckengast  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 10 1904  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
33 11 6  
 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. home  
 10. Date deceased last worked at this occupation (month and year) Nov 1938 11. Total time (years) spent in this occupation 15  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Manor Texas  
 FATHER 13. NAME Edward Zar  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden  
 MOTHER 15. MAIDEN NAME Melvina Lindell  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas  
 17. INFORMANT (ADDRESS) Walter Schreckengast Overland Mo  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cemetery DATE Nov 19 1938  
 19. FUNERAL DIRECTOR Ortmann Funeral Home (ADDRESS) 9222 Lackland Overland Mo  
 20. FILED NOV 19 1938 J. R. Meyer, D. P. H. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 16 1938  
 22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_  
 I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 9.15AM  
 The principal cause of death and related causes of importance were as follows:  
Suicide by firearms (shot-gun) 11/16/38  
 Date of onset  
 Other contributory causes of importance:  
Gunshot wound of left chest. 11/16  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? physical signs \_\_\_\_\_  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? suicide Date of injury 11/16/38  
 Where did injury occur? Overland Mo.  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
Home  
 Manner of injury Suicide by shotgun.  
 Nature of injury Gunshot wd of L. Chest.  
 24. Was disease or injury in any way related to occupation of deceased? NO  
 If so, specify \_\_\_\_\_  
 (Signed) John H. Bunnell, Jr. M. D.  
 (Address) Coroner of St. Louis County, Mo.

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.

STATEMENT BY LICENSED EMBALMER

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_

hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_

\_\_\_\_\_, L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Al C. Ortman

Licensed Embalmer No. 3478

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.)