

JAN 11 1939

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

41456
Do not use this space.

1. PLACE OF DEATH

(a) County 2 Registration District No. 1008
(b) Township
(c) City St. Louis 1(d) Street No. 3928a Gustine Avenue
(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. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

Registered No. 11148

2. PRINT FULL NAME ⁶⁵⁶ Joseph Schreiner

(a) Residence, No. 3928a Gustine Avenue St. 16
(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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Agatha Schreiner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 12, 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 4 15

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Cabinet Maker
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) Hungary 7

13. NAME Philip Schreiner 7

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hungary 7

15. MAIDEN NAME Barbara Blass 7

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

17. INFORMANT Agatha Schreiner - Wife
(ADDRESS) 3928a Gustine, St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE New SS. Peter & Paul Cemetery DATE Dec. 30, 1938

19. FUNERAL DIRECTOR C. Hoffmeister U. & L. Co.
(ADDRESS) 7814 S. Broadway, St. Louis, Mo.

20. SIGNED ^{DEC 28 1938} J. P. Budick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 27, 1938 19

22. HEREBY CERTIFY, That I attended deceased from Jan. 1937, 19 to Dec. 27, 1938

I last saw him alive on Dec. 27, 1938. Death is said to have occurred on the date stated above, at 3:20 p.m.

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

Carcinoma of Spine
B&P

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? 20

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) *R. Berg*, M. D.

(Address) 253 Nebraska

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.

50M-7-20-37 I X12004

Dr. R. Berg
2253 Nebraska
Sac 8288 3-5

STATEMENT BY LICENSED EMBALMER

I, George W. Hoffmeister, Licensed Embalmer No. 2426

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

L. E.

No. _____ or by _____
working under my personal supervision.

Registered Apprentice No. _____

Signed _____

George W. Hoffmeister
Licensed Embalmer No. 2426

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.)