

REC'D JUN 12 1939

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

16563  
Do not use this space.

791  
1003

Registered No. 4097

1. PLACE OF DEATH

(a) County ..... Registration District No. ....  
(b) Township ..... Primary Registration District No. ....  
(c) City St. Louis, Mo. (d) Street No. 6425 Wanda Av. 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. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME ANNIE C. SCHRIEFER

(a) Residence, No. 6425 Wanda Av. St. 2 (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) widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm. H. Schriefer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 1, 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
78 1 1

OCCUPATION  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home  
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) Summerfield, Illinois,

FATHER  
13. NAME George Reinhold  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER  
15. MAIDEN NAME Sophia Dreiling  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Leona Hutchens  
(ADDRESS) 6425 Wanda Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Crematory May 5, 1939

19. FUNERAL DIRECTOR A. Kron & U. Co.  
(ADDRESS) 2707 N. Grand St.

20. FILED MAY 9 1939 J. D. Bredbeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 2, 1939

22. I HEREBY CERTIFY, That I attended deceased from 1937, to May 2, 1939

I last saw her alive on May 2, 1939. Death is said to have occurred on the date stated above, at 11.10 p.m.

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

Acute nephritis, cause unknown (not chronic) Date of onset April 24 1939

Other contributory causes of importance:  
Arteriosclerosis ?  
Degenerative heart disease ?  
Atrial fibrillation ?

Name of operation ..... Date of .....  
What test confirmed diagnosis? Clinical Was there an autopsy? no

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) Frederic J. Burk M. D.  
(Address) 607 N. Grand

WHITE 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.

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STATEMENT BY LICENSED EMBALMER

I, Paul F. Krollenberry, Licensed Embalmer No. 2631

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 Paul F. Krollenberry

Licensed Embalmer No. 2631

**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.)**