MAY -8 1939

REG'D JUN 8 1939

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

19813
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis — Registration District No. 784
(b) Township — Primary Registration District No. 915 — Registered No. 832
(c) City or Town University City — (d) Street No. 6307 Waterman Ave. 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 656 Jacob Schreiner
(a) Residence, No. 6307 Waterman Ave. 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Amy Marquitz Schreiner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 24 - 1854

7. AGE: Years 84. Months 8. Days 12. If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Retired Grain
9. Industry or business in which work was done, as saw mill, bank, etc.: Merchant
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): Saint Louis, Missouri.

FATHER
13. NAME: Jacob Schreiner
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hesse - Darmstadt Germany

MOTHER
15. MAIDEN NAME: Mary Weimer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hesse - Darmstadt Germany

17. INFORMANT: Mrs Marie Schreiner Ladd
(ADDRESS) 6307 Waterman Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cemetery DATE May 8th, 1939

19. FUNERAL DIRECTOR (NAME) C. R. Lupton & Sons
(ADDRESS) 7233 Delmar Blvd.

20. FILED MAY -8 1939 D. R. Meyer M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 6th, 1939.

22. I HEREBY CERTIFY, That I attended deceased from April 19, 1935, to May 6, 1939
I last saw him alive on May 6, 1939. Death is said to have occurred on the date stated above, at 5:12 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	5-6-39
59	
Other contributory causes of importance:	
General arterio sclerosis	1935
Diabetes mellitus	1935

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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? No
If so, specify .....
(Signed) Anthony B. Dan, M. D.
707 (Address) 3720 Washington Blvd.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH INFADING 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.

I X16605

3720 Washington
Ne-0870
Hrs - after 3 P.M. Res - #107 Aberdeen Pl
Ca - 7258

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 Clarence H. Murray

Licensed Embalmer No. 4011

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.