

Registration District No. 7911

Primary Registration District No. \_\_\_\_\_

FILED DEC 11 1940

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

(b) City or town. St. Louis  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
4233 Hartford St.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County \_\_\_\_\_

(c) City or town. St. Louis 16  
(If outside city or town limits, write "RURAL")

(d) Street No. 4233 Hartford St.  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME. JOSEPHINE SCHIEBER

3. (b) If veteran, name war. no. 3. (c) Social Security No. no.

4. Sex. Female 5. Color or race. White 6. (a) Single, widowed, married, divorced. Widow

6. (b) Name of husband or wife. Joseph 6. (c) Age of husband or wife if alive. \_\_\_\_\_ years

7. Birth date of deceased. December 13, 1860  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
79 11 10 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace. St. Louis, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation. Housewife

11. Industry or business. \_\_\_\_\_

MOTHER FATHER { 12. Name. Anton Meyer

13. Birthplace. France  
(City, town, or county) (State or foreign country)

14. Maiden name. Frances Weinling

15. Birthplace. France  
(City, town, or county) (State or foreign country)

16. (a) Informant. Joseph Schieber  
(b) Address. 6468 Lloyd Ave.

17. (a) burial (b) Date thereof. 11/26/40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation. Calvary Cemetery

18. (a) Signature of funeral director. Oscar J. Hoffmeister  
(b) Address. 4016 Chippewa St.

19. NOV 25 1940 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 23  
year 1940 hour 3 minute 55 a. M.

21. I hereby certify that I attended the deceased from March 27<sup>th</sup> - 1929, to Nov 23, 1940  
that I last saw her alive on Nov. 22, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death. Diabetic Coma 2 days

Due to. Diabetic 1929-40

Other conditions. \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations. \_\_\_\_\_  
Of autopsy. \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_  
(Specify type of place) (e) Means of injury

23. Signature. J. M. ... (M. D. or other) md.  
Address. 6700 ... Date signed. 11/25/40

**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.....

*Ernest W. Spillers*

Licensed Embalmer No. ....

*4080*

P. O. Address.....

**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, fact should be so stated above.**