

No. 2
4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JUN 25 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH 1003

State File No. 16336

Registration District No. 791 Primary Registration District No. Registrar's No. 3854

10
13
9

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:
St. John's Hospital U
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME Ida Schreier

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 Married

6. (b) Name of husband or wife Charles Schreier 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased January 18, 1888
(Month) (Day) (Year)

8. AGE: Years 53 Months 3 Days 16 If less than one day hr. min.

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

10. Usual occupation At home

11. Industry or business

12. Name Fritz Sunkel

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

14. Maiden name Unknown

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

16. (a) Informant Charles Schreier

(b) Address 4605 S. 38th St., St. Louis, Mo.

17. (a) burial (b) Date thereof 5-8-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation largest Burial Park

18. (a) Signature of funeral director W. H. Hoffmeister, L.D.

(b) Address 7814 S. Broadway, St. Louis, Mo.

19. (a) MAY 6 1941 (b) J. T. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4605 So. 38th Street
(If rural, give location)
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4th day May
year 1941 hour 10:10 minute A. M.

21. I hereby certify that I attended the deceased from 5-2-41
1941, to 5-4-41, 1941
that I last saw her alive on 5-4-41, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death
Right heart failure, no definite heart disease
Due to Endarteritis, toxemia of
Due to Bacteria not yet determined
Other conditions
(Include pregnancy within 3 months of death)

120
Major findings:
Of operations
Of autopsy as above

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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)
Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place) (d) Means of injury.....

23. Signature Fritz Sunkel (M. D. or other) M.D.
Address 6402 W. Magnolia Date signed 5-5-41

Dr. Fabian Burke,
6402a Morganford Ave.,
Hu. 5410.
3 - 4 P. M.
7 - 8 P. M.

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

Linus C. Hoffmeister

Licensed Embalmer No. *3871*

P. O. Address *7814 E. Broadway*

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.