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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28247

SEP 8 1942

Registration District No. 784 — Primary Registration District No. 200 — Registrar's No. 1787

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: 2140 Hord Ave. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community 60 Years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Jennings, (If outside city or town limits, write "RURAL") 0

(d) Street No. 2140 Hord Ave. (If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME THEOBOLD SCHRECK. Sr.

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced 2 Widowed

6. (b) Name of husband or wife Caroline Schreck

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased March. 30, 1859 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
83	4	23	..... hr. ..... min.

9. Birthplace ..... (City, town, or county) Germany 4 (State or foreign country)

10. Usual occupation Retired Stone mason

11. Industry or business .....

FATHER
12. Name Lawrence Schreck
13. Birthplace ..... (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace ..... (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Theobold Schreck Jr.

(b) Address 2140 Hord Ave. Jennings.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/26/42 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director [signature]

(b) Address 2117 E. Grand Blvd.

19. (a) AUG 25 1942 (Date received local registrar) (b) E. G. McGarran [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 23 year 1942 hour 5 minute 20 P.M.

21. I hereby certify that I attended the deceased from 8/10/42, 19..., to 8/23/42, 19...; that I last saw him alive on 8/23/42, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Chr Myocarditis Senility

Due to .....

Due to .....

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

Major findings:
Of operations none
Of autopsy none

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)

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

While at work? — (e) Means of injury .....

23. Signature [signature] M.D. (M. D. or other)

Address 6807 W. Florissant Date signed 8/24/42

707 (Licensed Embalmer's Statement on Reverse Side)

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 Frank A. [illegible]

Licensed Embalmer No. 3041

P. O. Address 2117 E [illegible]

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.