

FILED NOV 5 1942
Registration District No.

Primary Registration District No. 3020

Registrar's No. 86

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

1. PLACE OF DEATH:

(a) County Franklin

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

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

(d) Length of stay: In hospital or institution 4 days (Specify whether years, months or days)

In this community 30 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Franklin

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

(d) Street No. Rural (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes name country _____

3. (a) PRINT FULL NAME EVELYN ESTHER SCHREIBER

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 7th
year 1942 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from Sept. 29, 19 42 to Oct. 7, 19 42; that I last saw h er alive on Oct. 7, 19 42 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race W.

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Henry Frank Schreiber 6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased June 27, 1896
(Month) (Day) (Year)

Immediate cause of death Sarcoma of the Liver Duration 1 Yr.

Due to Unknown

Due to H6 f

Other conditions None
(Include pregnancy within 3 months of death)

8. AGE: Years 46 Months 3 Days 10 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

Major findings: Of operations No operation

Of autopsy No Autopsy

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

11. Industry or business Home

12. Name Bernie Kull

13. Birthplace not known 9
(City, town, or county) (State or foreign country)

14. Maiden name Frances Delina

15. Birthplace not known 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Henry Schreiber

(b) Address Labadie, Mo

17. (a) Rural (b) Date thereof 10-9-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Labadie, Mo

18. (a) Signature of funeral director Chas. R. Co

(b) Address Washington, Mo

19. (a) Oct 8, 1942 (b) Lucille Kuehler
(Date received local registrar) (Registrar's signature)

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 B. J. ... (M. D. or D.D.S.)
Address Washington, Mo Date signed 10-8-42

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.....

J. M. O'Neil

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

J. M. O'Neil

Licensed Embalmer No. *2464*

P. O. Address. *Washington mo*

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.