

FILED OCT 5 - 1943
Registration District No. _____

Primary Registration District No. 5426

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Labadie, Rural Boles Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) _____
(d) Length of stay: In hospital or institution 1
(Specify whether _____)
In this community All his Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin 036
(c) City or town Labadie Rural
(If outside city or town limits, write "RURAL") _____
(d) Street No. _____ (If rural, give location) _____
(e) Citizen of foreign country? No (Yes or No) _____
If yes, name country 0

3. (a) PRINT FULL NAME Edw. H. Schreiber

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

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced 3
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years (Day) (Year)

7. Birth date of deceased March 7 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 6 5 hr. min.

9. Birthplace Union 0 Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Labor

11. Industry or business _____

MOTHER FATHER {

12. Name Frank Schreiber
13. Birthplace Union 0 Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Mary Wuebbelsmann
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Henry F. Schreiber
(b) Address Labadie, Missouri

17. (a) Burial (b) Date thereof 9 15 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union, Missouri

18. (a) Signature of funeral director West Hou

(b) Address Union, Missouri

19. (a) 9/14/43 (b) Blanch C. P. [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September 12
year 1943 hour 2:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from 9-8 1943 to 9-12 1943
that I last saw h. 102 alive on 9-8-43 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration 30 min

Due to Arterio sclerosis, Curlic vascular disease 4 yrs

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

93d

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? _____

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

23. Signature B. A. [Signature] (M. D. or other) M.D.
Address Union, Mo Date signed 9-14-43

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

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.....

W. H. Stone

Licensed Embalmer No. *3175*

P. O. Address.....

Union, 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.