

FILED OCT 22 1943
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Registration District No. _____ Primary Registration District No. 1003 Registrar's No. 9971

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:
Firmen Des Loge Hosp.
(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 Mo. (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 7022 Marquette Av.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Louis J. Schreiber
(b) If veteran, name war no. (c) Social Security No. 490-14-6934

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct. day 14
year 1943 hour 3 minute 45 P. M.

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Dora M. Schreiber 6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased: Aug. 9 1881
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 12 1943 to Oct. 13 1943
that I last saw him alive on Oct 13 1943
and that death occurred on the date and hour stated above.

8. AGE: Years 62 Months 2 Days 5 If less than one day _____ hr. _____ min.

Immediate cause of death: Cerebral Hemorrhage 2 days
Due to _____
Due to _____
Other conditions: _____
(Include pregnancy within 3 months of death)

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

10. Usual occupation Caretaker

11. Industry or business Anchor Temple

12. Name Louis H. Schreiber

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

14. Maiden name Sarah Brown

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

16. (a) Informant Dora M. Schreiber

(b) Address 7022 Marquette Av.

17. (a) Burial (b) Date thereof Oct. 14-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Bur. Pk.

18. (a) Signature of funeral director with Bro. & Mrs.

(b) Address 2929 S. Jefferson Av.

19. (a) OCT 15 1943 (b) J. P. Thernscheid
(Date received local registrar) (Registrar's signature)

PHYSICIAN
Major findings: _____
Of operations: _____
Of autopsy: _____
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) no
(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 no
23. Signature J. P. Thernscheid (M. D. or other) no
Address 6200 Coe Date signed 10/14/43

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

MOTHER FATHER

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 Edgar F. Witt
Licensed Embalmer No. 2117
P. O. Address 2929 S Jefferson Ave

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.