

30599

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16738

State File No.

4867

FILED JUN 9 1944

Registration District No.

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

(a) County.....
 (b) City or town..... St. Louis, Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis City Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... 10 days
 (Specify whether
 In this community.....
 years, months or days)

3. (a) PRINT
FULL NAMEMary Schriver3. (b) If veteran,
name war..... NO3. (c) Social Security
No..... No

4. Sex Female / 5. Color or
race White 6. (a) Single, widowed, married,
2 divorced Widowed
6. (b) Name of husband or wife..... Erven Schriver
6. (c) Age of husband or wife if
alive..... years
7. Birth date of deceased..... May 24, 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 0 1 hr. min.

9. Birthplace..... New Orleans La.
(City, town, or county) (State or foreign country)

10. Usual occupation..... at home

11. Industry or business.....

MOTHER FATHER
 12. Name..... Joseph Purcell
 13. Birthplace..... Don't Know 9
 (City, town, or county) (State or foreign country)
 14. Maiden name..... Don't Know
 15. Birthplace..... Don't Know 9
 (City, town, or county) (State or foreign country)

16. (a) Informant..... Erven Purcell
 (b) Address..... 1029 Lami St.

17. (a) Burial (b) Date thereof..... May 28, 1944
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Nat'l Cemetery18. (a) Signature of funeral director..... Weick Bros.(b) Address..... 2201 S. Grand Bl.

19. (a) MAY 26 1944 (b) J. F. Bredesch
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County.....
 (c) City or town..... St. Louis 239
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1029 Lami St.
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country..... 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25th
 year 1944 hour 9 minute 50 A.M.

21. I hereby certify that I attended the deceased from May 15th
1944 to May 25th, 1944;

that I last saw h. er alive on May 25th, 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death.....

Coronary thrombosis

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)Major findings:
Of operations.....

Of autopsy.....

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..... 0

23. Signature..... Ray Feinberg (M. D. or other)
 Address..... 1515 Lafayette Date signed..... 5/25/44

Duration

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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.....

Wang A. Steen

Licensed Embalmer No. 3722

P. O. Address 412 Duchouquette S

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.