

FILED MAY 20 1944

Registration District No. _____

Primary Registration District No. 2002

Registrar's No. 1094

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town University City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Residence: 7046 Cornell Ave.
(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)

3. (a) PRINT FULL NAME Anton Schreiner.

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept. 6th 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 8 6 _____ hr. _____ min.

9. Birthplace Unknown Austria
(City, town, or county) (State or foreign country)

10. Usual occupation Pattern Maker.

11. Industry or business unknown (Toledo)

MOTHER FATHER { 12. Name Frank Schreiner.
13. Birthplace Unknown Austria
(City, town, or county) (State or foreign country)
14. Maiden name Maria Breininger.
15. Birthplace Unknown Austria
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Frieda Alfele.

(b) Address 7046 Cornell Ave.

17. (a) Cremation (b) Date thereof 5-13-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Crematory

18. (a) Signature of funeral director C.R. Lupton & Sons

(b) Address 7233 Delmar Blvd.

19. (a) MAY 15 1944 (b) E. W. Mc. Gowan, Jr.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town University City
(If outside city or town limits, write "RURAL")
(d) Street No. 7046 Cornell Ave
(If rural, give location)
(e) Citizen of foreign country? ? (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12th
year 1944 hour 3:45 minute P. M.

21. I hereby certify that I attended the deceased from 3/20, 1944 to 5/12, 1944
that I last saw him alive on 5/10, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration 3 mo
Carcinoma of lung, R & L
Due to Carcinoma of rectum

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

Major findings: 468
Of operations _____
Of autopsy _____
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 Alfred Fulcher (M. D. or other) msd
Address 624 N. 10th Date signed 5/13/44

634 No. Strand
J.R. - 2442
1 to 3 P.M.

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.

Not Embalmed.

Signed *Bradford A. Miles*

Licensed Embalmer No. *2901*

P. O. Address *University City -*

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.