S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 897

FILED JAN 25 1946

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 557

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

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: St. Anthony's Hospital 0
(If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County 999

(c) City or town Pierron 11
(If outside city or town limits, write "RURAL")

(d) Street No. -- NR 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 2

If yes, name country

3. (a) PRINT FULL NAME Loretta Emma Schreiber

3. (b) If veteran, name war Nil

3. (c) Social Security No. 492-20-8019

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Single 1

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased March (Month) 23 (Day) 1911 (Year)

8. AGE: Years 34 Months 9 Days 23 If less than one day hr. min.

9. Birthplace Pierron (City, town, or county) Illinois (State or foreign country) 1

10. Usual occupation Registered Nurse

11. Industry or business

FATHER
12. Name John B. Schreiber
13. Birthplace Breese (City, town, or county) Illinois (State or foreign country) 1

MOTHER
14. Maiden name Mary M. Benke
15. Birthplace Grantfork (City, town, or county) Illinois (State or foreign country) 1

16. (a) Informant John B. Schreiber
(b) Address Pierron, Ill.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-17-46 (Month) (Day) (Year)
(c) Place: burial or cremation Pierron, Illinois

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd

19. (a) JAN 17 1946 (Date received local registrar) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 16 year 1946 hour 8 minute 10 A.M.

21. I hereby certify that I attended the deceased from Dec 20 1945 to Jan 16 1946 that I last saw h. alive on Jan 15 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage in brain — Duration 7 hrs.

Due to Thrombocytopenic purpura — 6 weeks

Due to Cause unknown

Other conditions (Include pregnancy within 3 months of death)

Major findings: 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature M J Pulham (M. D. or other)

Address 607 N. Grand Date signed 1/17/46

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....3575.....

P. O. Address.....

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.