

FILED JUN 20 1946

Registration District No. 31

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Manchester  
(c) Name of hospital or institution: Manchester Nursing Home 4  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 8 years  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Teresa Schreiner

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow 7

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive -- years

7. Birth date of deceased Dec. 10 1860  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
85 5 25 hr. min.

9. Birthplace Unknown Hungary 4  
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Elizabeth Kolzer

(b) Address 4340 Frieda Ave.

17. (a) Burial (b) Date thereof 6/8/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Wesley Kellaher

(b) Address 3634 Gravois Ave.

19. (a) 6-10-46 (b) E. J. Mc Davan  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4340 Frieda Ave.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5  
year 1946 hour 12 minute noon

21. I hereby certify that I attended the deceased from Feb 3  
1946 to June 5 1946

that I last saw her alive on June 4 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death

Chm myocarditis

Due to senility 93 a

Due to Senil atherosclerosis

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?

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

23. Signature E. J. Mc Davan (M. D. or other) MD

Address Creve Coeur, Mo. Date signed 6-6-46

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

JUN 24 1946

SEP 23 1946

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..... *Frank J. J. J. J.*  
Licensed Embalmer No..... *2675*  
P. O. Address..... *J. J. J. J.*

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.