. S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10648

FILED APR 3 1948

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2806

1. PLACE OF DEATH:
(a) County St. Louis, Mo.
(b) City or town St. Louis, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Barnes Hospital,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 16 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 2632a Accomac St. 9
(If rural, give location) 23
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Schrieber, William C
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Anna A.
6. (c) Age of husband or wife if alive years
7. Birth date of deceased November (Month) 25 (Day) 1875 (Year)
8. AGE: Years 72 Months 3 Days 25 If less than one day hr. min.
9. Birthplace Redbud, (City, town, or county) Illinois (State or foreign country) 1
10. Usual occupation Retired
11. Industry or business Clerk (Butler Bros.)
FATHER 12. Name Charles Schriebarts
13. Birthplace Germany (City, town, or county) (State or foreign country) 4
MOTHER 14. Maiden name Unknown
15. Birthplace Germany (City, town, or county) (State or foreign country) 4
16. (a) Informant Theodore Stedingk
(b) Address 2622 Armand Pl.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 24-48 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Peck Funeral Home
(b) Address 3029 Lafayette Ave.
19. (a) MAR 22 1948 (Date received local registrar) (b) J. F. Bradecek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20 year 1948 hour 8 minute 30 P.M.
21. I hereby certify that I attended the deceased from March 4, 1948, to March 20, 1948, that I last saw him alive on March 20, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute atalectasis	
Due to Carcinoma of esophagus	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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) 0
While at work? (e) Means of injury
23. Signature F R Bradley (M. D. ~~or other~~)
Address Barnes Hospital, Date signed 3/21/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 David Van Fossan

Licensed Embalmer No. 4242

P. O. Address 3029 Lafayette

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.