

STANDARD CERTIFICATE OF DEATH

FILED JUL 6 1948

Registration District No. 7

Primary Registration District No. 6076

Registrar's No. 1379

1. PLACE OF DEATH:

(a) County St. Louis County *Tomme*
 (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. St. Rose Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 month
 (Specify whether
 In this community 32 years
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 020
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 5748 De Giverville
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country 1

3. (a) PRINT FULL NAME Miss Marie A. Schrieber

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 Single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased July 10, 1897
 (Month) (Day) (Year)

8. AGE: 50 Years 10 Months 21 Days If less than one day
 hr. min.

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

10. Usual occupation At Home

11. Industry or business

12. Name Henry Schrieber
 13. Birthplace Red Bud Illinois
 (City, town, or county) (State or foreign country)
 14. Maiden name Mary Guebert
 15. Birthplace Red Bud Illinois
 (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Schrieber
 (b) Address 5748 De Giverville

17. (a) Burial (b) Date thereof June 3, '48
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Baldwin, Illinois

18. (a) Signature of funeral director Beiderwieden F. H. Inc.
 (b) Address 1936 St. Louis Avenue

19. (a) 6-2-48 (b) Carla J. Shapiro
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31st
 year 1948 hour 9 minute 50 A. M.

21. I hereby certify that I attended the deceased from 4/16, 1948, to 5/31, 1948;
 that I last saw him alive on 5/28, 1948,
 and that death occurred on the date and hour stated above.

Immediate cause of death Pulm. Hemorrhage
Pulmonary Tuberculosis
 Duration 3 yrs.
 Due to from history
 Due to 13 hr
 Other conditions none
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations none

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)~~

23. Signature Lawrence Chlecker, M.D.
 Address 3515 South Grand Date signed 4/1/48

JUL 6 1948

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.

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.

Beiderwieden Funeral Home, Inc. Undertaking Co.

Address 1936 St. Louis Avenue,

St. Louis, Mo.

EMBALMER'S CERTIFICATION

This is to certify that I, the undersigned, a licensed embalmer, personally and efficiently embalmed following described corpse:

Full name Miss Marie A. Schrieber Race White

Place and date of death Mount St. Rose Hospital May 31, 1948.

Physician (or Coroner) signing Certificate Dr. Lawrence Schlenker

Place and date of Embalming May 31, 1948 Beiderwieden Funeral Home, Inc.
1936 St. Louis Avenue

Remarks

Signed

Shale Paulson

Missouri License No. 41

