

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAR 11 1949

State File No. **6662**  
**1969**

BIRTH NO. **49-019236** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>B-00</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Missouri</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>MISSOURI BAPTIST HOSPITAL</b>		d. STREET ADDRESS (If rural, give location) <b>5416 Vernon Avenue</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Gilbert</b> b. (Middle) <b>Infant</b> c. (Last) <b>Lee Schreiner</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>2-28-49</b>		
5. SEX <b>M.</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>NEVER MARRIED</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>NONE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>—</b>		11. BIRTHPLACE (State or foreign country) <b>St. Louis, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U</b>					

13a. FATHER'S NAME <b>Gilbert Otto Schreiner</b>		13b. MOTHER'S MAIDEN NAME <b>Flora Eileen Hutchings</b>		14. NAME OF HUSBAND OR WIFE <b>NONE</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. G. O. Schriener</b> ADDRESS <b>5416 Vernon Ave.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Atelactasis</b>		DUE TO (b) <b>pneumatury</b>				
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		159 771X				

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Feb 25, 1949**, to **Feb 28, 1949**, that I last saw the deceased alive on **Feb 28, 1949**, and that death occurred at **9:50 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>George Austey M.D.</b>		23b. ADDRESS <b>1227 Missouri Theatre Bldg</b>		23c. DATE SIGNED <b>Feb 28</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		24b. DATE <b>2-1-49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>OAK GROVE CEM. PINCKNEYVILLE, ILL.</b>	
24d. LOCATION (City, town, or county) (State) <b>PINCKNEYVILLE, ILL.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Albert Hoppe, 4700 Washington</b>			
DATE REC'D BY LOCAL REG. <b>MAR 11 1949</b>		REGISTRAR'S SIGNATURE <b>J. B. Lesater</b>			

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_ *No Embalmer*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.