

FILED DEC 18 1950

STANDARD CERTIFICATE OF DEATH

42812

State File No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10397

1. PLACE OF DEATH a. COUNTY b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> c. LENGTH OF STAY (In this place) d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Missouri Baptist Hospital</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>Washington</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Okawville</u> <u>8120</u> d. STREET ADDRESS (If rural, give location) <u>8</u>	
--	--	--	--

3. NAME OF DECEASED (Type or Print) a. (First) <u>Fred</u> b. (Middle) <u>W.</u> c. (Last) <u>Schrieber</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec.</u> <u>6</u> <u>1950</u>		
--	--	--	--	--	--

5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>March 30, 1882</u>	9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR Months Days	IF UNDER 1 HRS. Hours Min.
------------------------------	---	---	--	--	---------------------------------------	--------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Trucking</u>	11. BIRTHPLACE (State or foreign country) <u>Covington, Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
--	---	--	---

13a. FATHER'S NAME <u>Frederick Schrieber</u>	13b. MOTHER'S MAIDEN NAME <u>Caroline Schmidt</u>	14. NAME OF HUSBAND OR WIFE <u>Amanda Schrieber</u>
---	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>344-03-9482</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Elmer Fiedler, 4000 Magfitt Ave.</u>
--	--	---

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic myocarditis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	INTERVAL BETWEEN ONSET AND DEATH <u>12 hours</u> <u>Several years</u>
---	--	--

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.) <u>A</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
---	--	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>12:30 PM</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>H2O</u>
--	---	---

22. I hereby certify that I attended the deceased from Nov 8, 1950, to Dec 6, 1950, that I last saw the deceased alive on Dec 6, 1950, and that death occurred at 110 AM., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. J. Brown M.D.</u>	23b. ADDRESS <u>3903 Olive</u>	23c. DATE SIGNED <u>12/6/50</u>
--	--	---

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>12-6-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Immanuel Lutheran Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Okawville, Illinois</u>
--	------------------------------------	--	--

DATE REC'D BY LOCAL REG. <u>DEC 6 1950</u>	REGISTRAR'S SIGNATURE <u>J. B. Laster</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Albert H. Hoppe</u> <u>4700 Washington</u>
--	---	--

(Licensed Embalmer's Statement on Reverse Side)

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

10. 300

L.

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.....

.....
working under my personal supervision.

Student Embalmer No.

Signed.....

J. A. B. Embalmer

Signed.....
Student Embalmer

Licensed Embalmer No. *3655*

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.