

FILED MAR 8 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 6922

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 469

1. PLACE OF DEATH a. COUNTY <b>St. Louis,</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri,</b> b. COUNTY <b>St. Louis,</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Clayton,</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Shrewsbury</b> 4561	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <b>7272 Murdock Ave.,</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis County Hospital,</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>CATHERINE</b> b. (Middle) <b>M.</b> c. (Last) <b>SCHRIER</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>FEB 17 1951</b>		
5. SEX <b>Female,</b>		6. COLOR OR RACE <b>White,</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	
8. DATE OF BIRTH <b>April 27, 1878</b>		9. AGE (In years last birthday) <b>72</b>		IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home,</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>St. Louis, Missouri,</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>John Fleming</b>		13b. MOTHER'S MAIDEN NAME <b>Don't Know</b>		14. NAME OF HUSBAND OR WIFE <b>William Leo Schrier, Dec'd.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>William L. Schrier, 7272 Murdock 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>Pneumonia</b>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		86 days	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Fractured legs</b> DUE TO (c)			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>ACCIDENT</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. Louis 9mo. 2 (COUNTY) 400 (STATE)</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Dec. 2, 1950 m.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Fell in yard</b>	

22. I hereby certify that I attended the deceased from **12:3**, 19**50**, to **2:17**, 19**51**, that I last saw the deceased alive on **2-17**, 19**51**, and that death occurred at **12:30** p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Norman C. Ross, M.D.</b>		23b. ADDRESS <b>Col. A. Breitung, Clayton 5, Mo.</b>		23c. DATE SIGNED <b>2/17/51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial,</b>		24b. DATE <b>2/20/51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Peter and Paul Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri,</b>					

DATE REC'D BY LOCAL REG. <b>2/19/51</b>		REGISTRAR'S SIGNATURE <b>Hubert R. Donke M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Gebken-Benz Mortuary, 2842 Meramec St., St. Louis, Mo.</b>	
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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 ME

.....  
working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed.....

Licensed Embalmer No. 4249

P. O. Address 2842 Meramec St.,  
St. Louis, 18, Mo.

**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.