

FILED AUG 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25254

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6846

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2199	
c. LENGTH OF STAY (In this place) 1 DAY		d. STREET ADDRESS (If rural, give location) 3863 West Pine Blvd.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Desloge Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Jeanne b. (Middle) Schreiber c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) July 31, 1951			
5. SEX / F.	6. COLOR OR RACE / W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 31, 1877	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months Days	IF UNDER 6 WKS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) La.		12. CITIZEN OF WHAT COUNTRY? U.S.	

13a. FATHER'S NAME Eugene Forestier	13b. MOTHER'S MAIDEN NAME Louise A. Gabici	14. NAME OF HUSBAND OR WIFE Charles A. Schreiber
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Lucille Schreiber	ADDRESS 3863 West Pine Bl
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6 wks
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio sclerotic Heart Dis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized A-S. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Endocarditis		

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION none	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) none	21b. PLACE OF INJURY (e.g., in or about home, yard, factory, street, (give bldg., etc.)) none	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) none
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) none	21e. INJURY OCCURRED WHILE AT () NOT WHILE WORK () AT WORK ()	21f. HOW DID INJURY OCCUR? none

22. I hereby certify that I attended the deceased from 7/30, 1951, to 7/31, 1951, that I last saw the deceased alive on 7/30, 1951, and that death occurred at 8:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. B. Jaster	23b. ADDRESS 634 N. Grand Blvd.	23c. DATE SIGNED 7/31/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Aug. 1, 1951	24c. NAME OF CEMETERY OR CREMATORY Covington Cemetery	24d. LOCATION (City, town, or county) (State) Covington, La.
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DATE REC'D BY LOCAL REG. 8/31/51	REGISTRAR'S SIGNATURE J. B. Jaster	25. FUNERAL DIRECTOR'S SIGNATURE Arthur J. Donnelly	ADDRESS 3840 Lindell
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

