

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31831**
Registrar's No. **8537**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5721 Leona Ave.,		d. STREET ADDRESS (If rural, give location) 5721 Leona Ave.	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Emil	b. (Middle) H.	c. (Last) Schreyer	(Month) Sept.	(Day) 26	(Year) 1951

5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 1, 1897	9. AGE (In years last birthday) 53	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shop Manager	10b. KIND OF BUSINESS OR INDUSTRY Auto Repair	11. BIRTHPLACE (State or foreign country) St. Louis County, Mo.	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME Louis Schreyer	13b. MOTHER'S MAIDEN NAME Carolina Meyer	14. NAME OF HUSBAND OR WIFE Mabel Schreyer
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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. Yes	17. INFORMANT'S SIGNATURE OR NAME Mabel Schreyer	ADDRESS 5721 Leona Ave.
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cirrhosis of the Liver		6 Mos.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive C.V.R. disease DUE TO (c)		3 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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? H42X
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22. I hereby certify that I attended the deceased from **8/18/**, 19 **51**, to **9/26/**, 19 **51**, that I last saw the deceased alive on **9/25/**, 19 **51** and that death occurred at **1:15A m.**, from the causes and on the date stated above.

23a. SIGNATURE D. Benjamin	(Degree or Title) M.D.	23b. ADDRESS 7430 Virginia Avenue	23c. DATE SIGNED 9/26/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	24b. DATE Sept. 28, 1951	24c. NAME OF CEMETERY OR CREMATORY Missouri Crematory	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
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DATE REC'D BY LOCAL HEALTH DEPARTMENT SEP 26 1951	REGISTRAR'S SIGNATURE Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE C. Hoffmeister	ADDRESS Colonial Mortuary 6464 Chippewa St., St. Louis, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Benjamin -
7430 Virginia Ave.

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.....
Student Embalmer

Signed *Linus C. Helfmeier*

Licensed Embalmer No. *3871*

P. O. Address *7814 S Broadway*

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.