

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16574**

FILED APR 29 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 1046

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Ann		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Ann 40710	
d. FULL NAME OF HOSPITAL OR INSTITUTION 10208 St. Richard Lane		d. STREET ADDRESS (If rural, give location) 10208 St. Richard Lane	

3. NAME OF DECEASED (Type or Print) a. (First) Edward b. (Middle) E. c. (Last) Schriever			4. DATE OF DEATH (Month) (Day) (Year) 4/11/53		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED* (Specify) Divorced 3	8. DATE OF BIRTH Dec 23, 1889	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Watchman		10b. KIND OF BUSINESS OR INDUSTRY Burns Detective Agency		11. BIRTHPLACE (State or foreign country) Cairo Illinois	
13a. FATHER'S NAME Louis Schriever			13b. MOTHER'S MAIDEN NAME Katherine Flannigan		14. NAME OF HUSBAND OR WIFE Divorced

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. 488 05 0469		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Jean Stevens 4446 Westminister Pl.	
--	--	--	--	---	--

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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis		INTERVAL BETWEEN ONSET AND DEATH 5 yrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4222		

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)	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 Jan, 1953, to April 11, 1953 that I last saw the deceased alive on Mar 21, 1953, and that death occurred at 3 A m., from the causes and on the date stated above.

23a. SIGNATURE G.W. Knapp 2 D.O.	23b. ADDRESS 4981 1/2 Thrushane	23c. DATE SIGNED 4/12/53
---	--	---------------------------------

24a. BURIAL, CREMATION, OR OTHER METHOD Burial	24b. DATE 4/14/53	24c. NAME OF CEMETERY OR CREMATORY Odd Fellows Cemetery	24d. LOCATION (City, town, or county) (State) Sullivan Mo.
---	--------------------------	--	---

DATE REC'D BY LOCAL REG. 4-12-53	REGISTRAR'S SIGNATURE Hebert R. Domb	FUNERAL DIRECTOR'S SIGNATURE ADDRESS McCollers Funeral Home 20133 St. Charles
---	---	--

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

4001
1

66

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.

Student
Student Embalmer

Signed

Sheldon Collier

Licensed Embalmer No. 3382

P. O. Address. 10123 St. Charles

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.