

FILED APR 28 1955

STANDARD CERTIFICATE OF DEATH

State File No. 13872
Registrar's No. 3302

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. LENGTH OF STAY (in this place) 10yrs
c. CITY OR TOWN St. Louis d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION 4863 Hammett Place
STREET ADDRESS (If rural, give location) 4863 Hammett Place 2069

3. NAME OF DECEASED (Type or Print) a. (First) Laura b. (Middle) Belle c. (Last) Schriever
4. DATE OF DEATH (Month) (Day) (Year) 4 - 10 - 1955

5. SEX Fem 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH 7 - 24 - 1887
9. AGE (in years last birthday) 67 IF UNDER 1 YEAR Months Days IF UNDER 14 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY At home
11. BIRTHPLACE (City and State or Foreign Country) Palmyra, Missouri 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME unknown Trader 13b. MOTHER'S MAIDEN NAME unknown Baum 14. NAME OF HUSBAND OR WIFE Dr. Ernest W. Schriever

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. none 17. INFORMANT'S SIGNATURE OR NAME Mr. John Orr, 4863 Hammett Place ADDRESS _____

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, ashenia, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) *Chronic Thrombosis*
ANTECEDENT CAUSES *Myocardial Infarction*
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.
INTERVAL BETWEEN ONSET AND DEATH *1 1/2 hrs*
5 yrs

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____ 4201

22. I hereby certify that I attended the deceased from 1950, 19____, to 4-10-1955, that I last saw the deceased alive on 4-10-1955, and that death occurred at 12 noon, from the causes and on the date stated above.

23a. SIGNATURE *Robert A. Orr* (Degree or title) _____ 23b. ADDRESS *124 N. 1st St. St. Louis* 23c. DATE SIGNED *4-12-55*

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE 4/13/55 24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem. 24d. LOCATION (City, town, or county) (State) St. Louis County Mo.

DATE REC'D BY LOCAL REG. APR 14 1955 REGISTRAR'S SIGNATURE *J. Carl Smith* 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS *Hrehmann-Harral 1905 Union Blvd*

(Licensed Embalmer's Statement on Reverse Side)

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Albert R. Longman

Licensed Embalmer No. 423

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.