

FILED NOV 30 1956

STANDARD CERTIFICATE OF DEATH

State File No. **39784**
Registrar's No. **10216**

318

1003

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo.		b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 6 days		c. CITY OR TOWN Bellefontaine	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital		e. STREET ADDRESS (If rural, give location) Olive Street Rd.			

3. NAME OF DECEASED (Type or Print) Henry F. Schreve			4. DATE OF DEATH (Month) (Day) (Year) Nov 7 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 9-30-1876	9. AGE (In years last birthday) 80	10. IF UNDER 1 YEAR 1 Month 7 Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY own farm		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Henry Schreve		13b. MOTHER'S MAIDEN NAME Wilhelmina Rhedemeyer		14. NAME OF HUSBAND OR WIFE Matilda Schreve	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Wm Schreve Rt 2, Creve Coeur Mo.	

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>acute myocardial failure</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Chr. Myocarditis</i> DUE TO (c) <i>Senility</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <i>Rheumatic Syndrome</i>			INTERVAL BETWEEN ONSET AND DEATH <i>1 wch.</i> <i>Sec. yrs.</i> <i>Sec. yrs.</i>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>422.2</i>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min)		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 *9/20/56*, 19___, to *11/7/56*, 19___, that I last saw the deceased alive on *11/6/56*, 19___, and that death occurred at *4:35 p.m.*, from the causes and on the date stated above.

23a. SIGNATURE (Name or title) <i>Walter H. Schrader</i>		23b. ADDRESS <i>3108 S. Grand</i>		23c. DATE SIGNED NOV 8 '56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 11-10-56		24c. NAME OF CEMETERY OR CREMATORY St. John Cemetery	
				24d. LOCATION (City, town, or county) (State) Bellefontaine Mo.	

DATE REC'D BY LOCAL REG. NOV 8 1956		REGISTRAR'S SIGNATURE <i>J. Carl Smith</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Wm Schrader</i> Funeral Home Ballwin, Mo.	
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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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Richard Bopp*

Licensed Embalmer No. *458*

P. O. Address *Ballwin*

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.