

# Minnie Leona Perry Schreiber

Memorial

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Birth: Jun. 17, 1873  
Death: Aug. 1, 1940

## Family links:

### Parents:

John Edward Perry (1850 - 1923)  
Leona *Mick* Perry (1849 - 1891)

### Spouse:

Edwin Schreiber (1869 - 1925)\*

### Children:

George Schreiber (1895 - 1939)\*  
Lloyd J Schreiber (1897 - 1957)\*  
Raymond Walter Schrieber (1900 - 1951)\*  
Roscoe Schreiber (1903 - 1931)\*  
Earl B Schreiber (1911 - 1976)\*  
Dorothy Schreiber (1912 - 1922)\*

\*[Calculated relationship](#)

### Burial:

[Saint Matthew Cemetery](#)

Saint Louis

St. Louis City

Missouri, USA

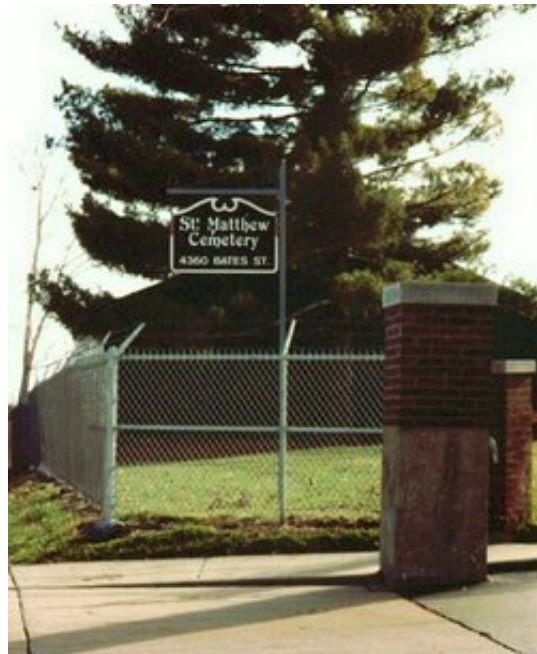
Created by: [Susan Ing](#)

Record added: Mar 17, 2011

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Added by: [Susan Ing](#)



Cemetery Photo

Added by: [Melvin F. Weiss](#)

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **26710**  
Registrar's No. **6606**

Registration District No. **791**

Primary Registration District No. **1003**

**1. PLACE OF DEATH:**  
(a) County \_\_\_\_\_  
(b) City or town **St. Louis**  
(c) Name of hospital or institution: **LUTHERAN HOSPITAL**  
(d) Length of stay: **13 WEEKS**  
In this community **27** years, months or days (Specify whether years, months or days) **ILL**

**3. (c) PRINT FULL NAME** **MINNIE LEONA SCHREIBER**  
**8. (b) If veteran, name war** **no** **8. (c) Social Security No.** **none**

**4. Sex** **FEMALE** **5. Color or race** **WHITE** **6. (a) Single, widowed, married, divorced** **WIDOW**  
**6. (b) Name of husband or wife** **Edwin H.** **6. (c) Age of husband or wife if alive** \_\_\_\_\_ years  
**7. Birth date of deceased** **JUNE 17 - 1873**  
(Month) (Day) (Year)

**8. AGE:** Years **67** Months **1** Days **15** If less than one day hr. min.

**9. Birthplace** **CHARLESTON Mo**  
(City, town, or county) (State or foreign country)

**10. Usual occupation** **Housewife**

**11. Industry or business** **home**

**12. Name** **EDGAR PERRY**  
**13. Birthplace** **Unknown**  
**14. Maiden name** **Mick**  
**15. Birthplace** **Unknown**  
(City, town, or county) (State or foreign country)

**16. (a) Informant's own signature** **Floyd Schreiber**  
**(b) Address** **5423 Cologne**  
**17. (a) Burial** **(b) Date thereof** **8/5/40**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
**(c) Place: burial or cremation** **St Matthews**

**18. (a) Signature of funeral director** **Henry J. Wisniewski**  
**(b) Address** **6203 Gray**  
**19. (a) AUG 3 1940** **(b) J. F. Prudeck**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State **MISSOURI** (b) County \_\_\_\_\_  
(c) City or town **St Louis**  
(d) Street No. **5423 COLONGE** **2**  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **August** day **1st** year **1940** hour **7:15** minute **P** M.  
**21. I hereby certify that I attended the deceased from** **April**, 19**40**, to **August**, 19**40**.  
that I last saw her alive on **Aug 1st**, 19**40**.  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage** Duration **4 Mo**  
Due to **Arteriosclerosis** **Hypertension** **Diabetes Mellitus** **Senility** **5**  
Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations \_\_\_\_\_ Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

**22. If death was due to external causes, fill in the following:**  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work (Specify type of place) (e) Means of injury \_\_\_\_\_  
**23. Signature** **Arnold E. Klein** (M. D. or other) **2632 S. Kingshighway** **8/2/40**  
Address Date signed

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.