

REC'D MAY 10 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

12826
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No.....
(b) Township..... Primary Registration District No.....
(c) City..... (d) Street No. **DE PAUL HOSPITAL**
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. **3430**2. PRINT FULL NAME **LA. VERNE SCHNEIDERJAN**

(a) Residence, No. **2534A PALM ST** St. **20**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **FEMALE** 4. COLOR OR RACE **WHITE** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **SINGLE**

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF - - - - -
(OR) WIFE OF - - - - -

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **JAN. 22, 1922**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
16 2 20

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. **SCHOOL GIRL**
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **ST. LOUIS, MO.**

FATHER
13. NAME **CONRAD SCHNEIDERJAN**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **ILLINOIS**

MOTHER
15. MAIDEN NAME **MARY O'LEARY**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **ST. LOUIS, MO.**

17. INFORMANT (ADDRESS) **CONRAD SCHNEIDERJAN
2534A PALM ST.**

18. BURIAL, CREMATION, OR REMOVAL

PLACE **CALVARY CEMETERY**

19. FUNERAL DIRECTOR (ADDRESS) **Lockhart & Lockhart
2228 1/2 Jay Ave**

20. FILED **APR 12 1938**
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 11th, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **March 16th**, 19**38** to **April 11th**, 19**38**

I last saw him alive on **April 11th**, 19**38** Death is said to have occurred on the date stated above, at **530A** m.

The principal cause of death and related causes of importance were as follows:

**Menstruation Epidemic
abuse tram
St. Louis; under the car.**

Date of onset

48 hr**2 days**

Other contributory causes of importance:

**Kalsh's gland
Scurvy**

3 days

Name of operation..... Date of.....

What test confirmed diagnosis? **Lab** Was there an autopsy? **yes**

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) **Arthur Brindley**, M. D.(Address) **2202 University St**

STATEMENT BY LICENSED EMBALMER

I, Charles Goodhart

Licensed Embalmer No. 2777

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

Charles Goodhart

L. E.

No. or by
working under my personal supervision.

Registered Apprentice No.

Signed

Charles Goodhart

Licensed Embalmer No. 2777

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.)