

REC'D JUL 12 1938

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

20114

Do not use this space.

**1. PLACE OF DEATH**

(a) County ..... Registration District No. **791**  
 (b) Township ..... Primary Registration District No. **1008**  
 (c) City **St. Louis** ..... (d) Street No. **3209 Dodier St.** ..... St. **5253**  
 (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 **83** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME** **Mary Catherine Schneider**

(a) Residence, No. **3209 Dodier St.** ..... St. **10** .....  
 (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) **Widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Charles Schneider**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 31, 1845**

7. AGE YEARS **93** MONTHS **--** DAYS **7** IF LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housework**  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 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) **Germany**13. NAME **Unknown**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**15. MAIDEN NAME **Unknown**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**17. INFORMANT (ADDRESS) **Elizabeth Schneider**  
**3209 Dodier St.**18. BURIAL, CREMATION, OR REMOVAL PLACE **Bellefontaine Cem** DATE **June 10, 1938.**19. FUNERAL DIRECTOR (ADDRESS) **Wm. F. Paschedag**  
**2825 N. Grand Blvd.**20. FILED **J. T. Bredeck**  
Local Registrar.**MEDICAL CERTIFICATE OF DEATH**21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 8, 1938. 19**

22. I HEREBY CERTIFY, That I attended deceased from **January 25** to **June 8**, 19**38**  
 Last saw him alive on **June 8**, 19**38**. Death is said to have occurred on the date stated above, at **5:30A** m.

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

*Myocardial Failure*  
*no definite heart disease*

Other contributory causes of importance:  
*Chronic*  
*Respiratory with Edema*  
*Arterio Sclerosis*  
*Sensitization*

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? .....

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 **Yes**  
 (Signed) **Harry K. Gabeler Hoff** M.D.  
 (Address) **2743 N. Grand**

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.

JUN 9 1938

STATEMENT BY LICENSED EMBALMER

I, Wm. F. Paschodag, Licensed Embalmer No. 2311

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

L. E.

No. 3575 or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed

Guy W Wilkinson

Licensed Embalmer No. 3575

**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.)**