

USE JAN 11 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS 791
CERTIFICATE OF DEATH 1008

41506
Do not use this space.

11198

1. PLACE OF DEATH

(a) County Registration District No.
(b) Township Primary Registration District No. Registered No.
(c) City St. Louis (d) Street No. 4032 So. Spring Ave. St.
(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.

2. PRINT FULL NAME

536 Katherine Schneider
(a) Residence, No. 4032 So. Spring Ave. St. 15 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 Jacob Schneider

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 11, 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 10 16

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as saw mill, bank, etc. Housework
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.

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs. Lillian Dietz 4032 So. Spring Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter & Paul DATE 12-29, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Kriegshauser Hortuary 4228 So. Kingshighway

20. FILED J. P. Budrick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-27, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 24th, 1938, to Dec 27th, 1938
I last saw her alive on Dec 27th, 1938. Death is said to have occurred on the date stated above, at 1 A.M.
The principal cause of death and related causes of importance were as follows:

arteriosclerosis. 3 yrs
Ch. Myocarditis 2 yrs
Date of onset
Other contributory causes of importance:

Name of operation Rane Date of 7
What test confirmed diagnosis Thucay Was there an autopsy? to

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? to
If so, specify see file
(Signed) 366 M. D.
(Address) 366

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

DEC 28 1938

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

Registered Apprentice No....., working under my personal supervision.

Signed *Edwin M. Permitt*

Licensed Embalmer No. *3024*

P. O. Address

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 this body is not embalmed, above space should be left blank.