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

16811
Do not use this space.

1. PLACE OF DEATH REC'D JUN 12 1939 2

(a) County ..... Registration District No. .....

(b) Township ..... Primary Registration District No. ..... Registered No. 4345

(c) or City St. Louis (d) Street No. 4716 Easton 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 Anna Schneider

(a) Residence, No. 4716 Easton St. 6
(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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Frank Schneider

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 18 1883

7. AGE: YEARS 56 | MONTHS 1 | DAYS 28 | If LESS than 1 day, ... hrs. or ..... min.

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. housewife
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): Missouri 0

FATHER
13. NAME: Unknown 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown 9

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Frank Schneider, 4716 Easton

18. BURIAL, CREMATION, OR REMOVAL
PLACE Jeff. City Mo. DATE May 11, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Drehmann & Harral, 1905 Union Blvd.

20. FILED MAY 10 1939 J. F. Bedeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8 - 39, 19

22. I HEREBY CERTIFY, That I attended deceased from May 8 - 39, 19 to May 8 - 39, 19
I last saw her alive on May 8 - 11 40 pm, 1939. Death is said to have occurred on the date stated above, at 11:40 m. PM
The principal cause of death and related causes of importance were as follows:

Heart failure, due to mitral regurgitation and dilitation of heart

Date of onset

Other contributory causes of importance:

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 .....
(Signed) James L. Potter, M. D.
(Address) 4635 Easton St Louis

(Licensed Embalmer's Statement on Reverse Side)

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.

X16605

JUN 18 1946

JUN 13 1946

1919
Pennington

4635 Easton
8-10

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 Warren A Carve

Licensed Embalmer No. 353 sp

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.