

27409

State File No. _____

6909

Registrar's No. _____

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____ *2*

(b) City or town St. Louis

(c) Name of hospital or institution: 4421 Alaska
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Odilia Schneider *536*

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Henry 6. (c) Age of husband or wife if alive 70 years7. Birth date of deceased Nov. (Month) 16 (Day) 1868 (Year)8. AGE: Years 70 Months 8 Days 22 If less than one day _____ hr. _____ min.9. Birthplace Germany
(City, town, or county) (State or foreign country)10. Usual occupation At home

11. Industry or business _____

12. Name John Schnell13. Birthplace Germany
(City, town, or county) (State or foreign country)14. Maiden name Don't know15. Birthplace Germany
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Henry Schneider(b) Address 4421 Alaska Ave.17. (a) Burial (b) Date thereof Aug 10, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation SS. Peter & Paul18. (a) Signature of funeral director J. H. Heiken(b) Address 2842 Meramec St.19. (a) AUG 8 1939 (b) J. D. Brudick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis (If outside city or town limits, write "RURAL") *15*

(d) Street No. 4421 Alaska Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 7
year 1939 hour 5 minute 10 P. M.21. I hereby certify that I attended the deceased from July 26, 1939, to Aug 7, 1939;
that I last saw her alive on Aug 7, 1939,
and that death occurred on the date and hour stated above.Immediate cause of death ApoplexyDue to Arterio Sclerosis

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings: _____
Of operations _____

Of autopsy _____

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 W. C. Holden (M. D. or other) _____Address 4532nd Wyndia Date signed 8/8/39

Duration

PHYSICIAN

Underline
the cause to
which death
should be
charged statistically

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

I 12511

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.....

Robert F. Gebken

....., Registered Apprentice No. **187**

working under my personal supervision.

Signed

Herman A. Gebken

Licensed Embalmer No. **2120**

P. O. Address **2842 Meramec St.**

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.