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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4265

Registration District No. 791 — Primary Registration District No. 1003 — Registrar's No. 1095

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis 1
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community 74 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 13
(If outside city or town limits, write "RURAL")

(d) Street No. 4974 Arsenal Street
(If rural, give location)

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

3. (a) PRINT FULL NAME 536 MATHILDA SCHNEIDER

3. (b) If veteran, name war - - -

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Daniel J. Schneider

6. (c) Age of husband or wife if alive years

7. Birth date of deceased February (Month) 17 (Day) 1865 (Year)

8. AGE: Years 74 Months 11 Days 14 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Household 6

11. Industry or business

FATHER
12. Name Henry F. Priesmeyer 6
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Anna Gaus
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant's own signature Alfred Schneider
(b) Address 4974 Arsenal

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/3/40 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peter's Cemetery

18. (a) Signature of funeral director Beiderwieden Funeral Home
(b) Address 1936 St. Louis Ave.

19. (a) FEB 3 1940 (Date received local registrar) (b) J. F. Bochek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 31
year 1940 hour minute 4 P.M.

21. I hereby certify that I attended the deceased from Jan 30th, 1940, to Jan 31st, 1940;
that I last saw her alive on Jan 31st, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia — Duration About 1 week

Due to

Due to

Other conditions Senility
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Arnold G. Klein (M. D. or other)
Address 2632 S. Kingshighway Date signed 2-2-40

(Licensed Embalmer's Statement on Reverse Side)

Dr Bert Klein
1-3 2632 S. Kingsh

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 Max Warfel, Registered Apprentice No. 215 working under my personal supervision.

Signed Felix J. Krispin

Licensed Embalmer No. 3497

P. O. Address 1936 St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

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