S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 23230

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 5675

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4317 Potomac 2 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community 58 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County ____
(c) City or town St. Louis 15 (If outside city or town limits write "RURAL")
(d) Street No. 4317 Potomac (If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME James Schneider 536
3. (b) If veteran, name war ---
3. (c) Social Security No. 490-03-4923
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Nola Cressey
6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased March (Month) 3 (Day) 1882 (Year)

8. AGE: Years	Months	Days	If less than one day
58	3	29	____ hr. ____ min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Chauffer
11. Industry or business
FATHER 12. Name Henry Schneider
13. Birthplace Millstadt (City, town, or county) Illinois (State or foreign country)
MOTHER 14. Maiden name Mary Smith
15. Birthplace Unknown (City, town, or county) ____ (State or foreign country)
16. (a) Informant Mrs J. Schneider
(b) Address 4317 Potomac
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 5 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Odd Fellows Cem. St. Clair
18. (a) Signature of funeral director Oscar J. Hoffmeister Undr
(b) Address 4015 Chippewa
19. (a) JUL 3 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2 year 1940 hour 2:30 minute P. M.
21. I hereby certify that I attended the deceased from July 2 1940, 19__ to July 2 1940, 1940 that I last saw him alive on July 2 1940, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Thrombosis	30 min
Due to Acute Indigestion?	4 hrs.
Due to Chronic Myocardial Disease	
Arterio Sclerosis	
Other conditions (Include pregnancy within 3 months of death) caused by improper diet	

Major findings: Of operation no food poisoning
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 Paul B. Webb (M. D. or other) MD
Address 3467 Morganford Date signed 7/3/40

(Licensed Embalmer's Statement on Reverse Side)

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 John Kutter

Licensed Embalmer No. 3880

P. O. Address _____

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

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