

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

23887

State File No.

6332

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

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: St. Luke's Hospital L
(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 Allen Dean Schneck 520

3. (b) If veteran, name war No. 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Infant
6. (b) Name of husband or wife Infant 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 20 1938
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
2 2 6 hr. _____ min.

9. Birthplace Bond Co. Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business _____

MOTHER FATHER { 12. Name Arthur Schneck
13. Birthplace New Douglas Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Offie Cruthis
15. Birthplace Frown Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Arthur Schneck
(b) Address N Sorento, Illinois.

17. (a) Removal (b) Date thereof 7-28-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New Douglas, Ill.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 1948 Washington Ave.

19. (a) JUL 28 1948 (b) J. F. Bradeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County _____
(c) City or town Sorento NR
(If outside city or town limits, write "RURAL")
(d) Street No. Rural (If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26
year 1940 hour 4 minute 40 P.M.
21. I hereby certify that I attended the deceased from 7-1-40
_____, 19____, to 7-26-40, 19____

that I last saw h. _____ alive on 7-26-40, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Meningitis Pneumococci
Trachoiditis AT
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

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

Major findings: Vertebral
Of operations Mastoidectomy
Of autopsy Meningitis pneumococci

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 job) (Means of injury)
23. Signature J. M. Keenan (M. D. or other)
Address 492 1/2 Maryland Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *Albert G. Hoppe*

Licensed Embalmer No. *2971*

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, fact should be so stated above.