

No. 2
12-40
17-30
X-10

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **40248**
Registrar's No. **10019**

JAN 15 1941
791

1003

Registration District No. _____

Primary Registration District No. _____

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

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution: 3969 Meremac St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2
(Specify whether)

In this community Life
years, months or days

3. (a) PRINT FULL NAME PHILOMENA SCHNEIDER

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 Widow

6. (b) Name of husband or wife Rudolf Schneider

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

7. Birth date of deceased: April 8th 1864
(Month) (Day) (Year)

8. AGE: Years 76 Months 7 Days 27 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business At Home.

MOTHER FATHER { 12. Name Joseph Duchek

13. Birthplace Bohemia
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Bohemia
(City, town, or county) (State or foreign country)

16. (a) Informant Minnie Schneider

(b) Address 3969 Meremac St.

17. (a) Burial (b) Date thereof Dec 7th/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation S.S. Peter & Paul

18. (a) Signature of funeral director Kutis & Son

(b) Address 2906 Gravois Ave.

19. (a) DEC 8 1940 (b) J. F. Buechek
(Date received local Registrar) (Registrar's signature)

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. 3969 MEREMAC ST.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 5th
year 1940 hour 1 45 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from December 12, 1938 to December 5, 1940 that I last saw her alive on December 3, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis
General Paralysis

Due to _____

Due to _____

Other conditions: Chronic Paralytic
Nephritis = 4 yrs

Major findings: _____

Of operations _____

Of autopsy _____

Duration 7 yrs
4 mos

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? _____

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

23. Signature J. P. Keim M.D. (M. D. number) _____
Address 12730 McNAUL AVE Date signed 12/6/40

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.....

.....
working under my personal supervision.

Leo Budde

Registered Apprentice No.

Signed.....

Leo Budde

Licensed Embalmer No. *3989*

P. O. Address.....

St. Louis, Mo.

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.