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MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

40275

10046

Registration District No.

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis MO.
 (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:
1325 St. Louis Ave.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Two years
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1325 St. Louis Ave.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 51 years.

3. (a) PRINT FULL NAME Joseph Schneider

8. (b) If veteran, name war Spanish American
 3. (c) Social Security No. 498-07-7473

4. Sex Male
 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Anna Wittmann Schneider
 6. (c) Age of husband or wife if alive 60 years
 7. Birth date of deceased March 17 1879
 (Month) (Day) (Year)

20. DATE OF DEATH: Month December day 6
 year 1940 hour 2 minute 10 P. M.

21. I hereby certify that I attended the deceased from Feb 13,
 1940, to Dec. 6, 1940,
 that I last saw him alive on Dec. 2, 1940,
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis -
 Duration 8 yrs

8. AGE: Years 61 Months 8 Days 19
 If less than one day hr. _____ min.

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

9. Birthplace Germany
 (City, town, or county) (State or foreign country)

10. Usual occupation Concrete Finisher

11. Industry or business _____

12. Name William Schneider

18. Birthplace Germany
 (State or foreign country)

14. Maiden name Unknown
 (State or foreign country)

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

16. (a) Informant Anna Schneider

(b) Address 1325 St Louis an

17. (a) Burial (b) Date thereof Dec. 9 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery Jefferson

18. (a) Signature of funeral director Brednick Funeral Home

(b) Address 1936 St Louis an

19. (a) DEC 7 1940 (b) J. H. Brednick
 (Date received local health) (Registrar's signature)

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 on or about home, on farm, in industrial place, in public place?
Parade Mr.
 (Specify type of place)
 While at work? _____ Means of injury _____

23. Signature Allen H. Roe (M. D. or other) _____
 Address 2712a 9th Date signed 12/6/40

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.....

Harold Brown, Registered Apprentice No. 257
working under my personal supervision.

Signed.....

[Signature]
Licensed Embalmer No. [Signature]

P. O. Address 1936 St. Lawrence

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.