No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 7 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22658

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 1268

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Jennings (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Elms Convalescent Home 4 (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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 600

(c) City or town St. Louis 17 (If outside city or town limits write "RURAL")

(d) Street No. 5029 Terry Ave. 8 (If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME Mary Elizabeth Schneider

3. (b) If veteran, name war No

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 John M. Schneider

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

7. Birth date of deceased August 1st, 1861 (Month) (Day) (Year)

8. AGE: Years 79 Months 10 Days 15 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Wm. Scott
13. Birthplace St. Louis, Mo. 0 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Anna E. Bludhardt
15. Birthplace St. Louis, Mo. 0 (City, town, or county) (State or foreign country)

16. (a) Informant John M. Schneider

(b) Address 8716 Susan

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/19/41 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director Kraeger-Voss-Fix

(b) Address 3402 N. Kingshighway

19. (a) JUN 19 1941 (Date received local registrar) (b) [signature] (Registrar's signature)

B.C.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16 year 1941 hour 11 minute 20 P M.

21. I hereby certify that I attended the deceased from June 14, 1941, to June 16, 1941, that I last saw her alive on June 16, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardio Vascular Renal Disease	16 Mo
Due to	
Due to	
Other conditions (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 [signature] (M. D. ~~or other~~)

Address 7553 Ellis Ave. Date signed June 18 1941

(Licensed Embalmer's Statement on Reverse Side)

H1 0530

MAY 9 1955

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 Guy W Wilkinson

Licensed Embalmer No. 3575

P. O. Address.....

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

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