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FILED AUG 28 1941
Registration District No. 791

Primary Registration District No. 1003

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

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: Enroute City Hospital 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Life (Specify whether
in this community Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 3465a Gravois Ave. (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Joseph Schniedermeier
3. (b) If veteran, name war ---
3. (c) Social Security No. 500-18-8158

19. MEDICAL CERTIFICATION
No attending physician
20. DATE OF DEATH: Month July day 1
year 1941 hour 5 minute 45 p.m.

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased July 25, 1889
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
51 11 7 _____ hr. _____ min.

Immediate cause of death Heat Exhaustion;
Chronic Nephrosclerosis.
Due to Heat Stroke

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

Other conditions (Include pregnancy within 3 months of death) 191:1
Major findings:
Of operations _____
Of autopsy _____

10. Usual occupation Sheet Metal Worker

11. Industry or business Busch Brewery

12. Name Joseph Schniedermeier 9

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

14. Maiden name Unknown 9

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

16. (a) Informant Mary Schniedermeier
(b) Address 3465a Gravois Ave.

17. (a) Burial (b) Date thereof 7/4/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Wacker-Waldnerle
(b) Address 3634 Gravois Ave.

19. (a) JUL 3 1941 (b) J. T. [Signature]
(Date received local registrar) (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 in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(b) Means of injury _____
23. Signature Thomas F. Callahan 3
Address Deputy Coroner Date signed 7/3/41

MAR 11 1943

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..... *Robert Wheeler*
Licensed Embalmer No. *2178*
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.