No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 8 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26316

Registration District No. 104 | Primary Registration District No. 20 | Registrar's No. 1452

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

1. PLACE OF DEATH:
(a) County: St. Louis County
(b) City or town: Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Veterans Administration Facility
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: Admitted 4/22/41.
In this community: Since 4/22/41.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Illinois (b) County: 099
(c) City or town: Quincy 11
(If outside city or town limits, write "RURAL")
(d) Street No.: Soldiers' and Sailors' Home. 0
(If rural, give location)
(e) Citizen of foreign country? – 2 (Yes or No)
If yes, name country –

3. (a) PRINT FULL NAME: James H. Schneider
3. (b) If veteran, name war: World
3. (c) Social Security No.: 361-07-6560
4. Sex: male
5. Color or race: white
6. (a) Single, widowed, married, divorced: single
6. (b) Name of husband or wife: –
6. (c) Age of husband or wife if alive: – years
7. Birth date of deceased: June (Month) 8. (Day) 1880 (Year)

8. AGE: Years 61 | Months 0 | Days 29 | If less than one day: hr. min.

9. Birthplace: New York, (City, town, or county) / N.Y. (State or foreign country)
10. Usual occupation: Moulder
11. Industry or business: –

FATHER
12. Name: Unavailable
13. Birthplace: Unavailable (City, town, or county) / ? (State or foreign country)

MOTHER
14. Maiden name: Unavailable
15. Birthplace: (City, town, or county) / ? (State or foreign country)

16. (a) Informant: M. Schilling
(b) Address: Clinical Clerk, NAF, Jeff. Bks., Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: July 10-41. (Month) (Day) (Year)
(c) Place: burial or cremation: National Cemetery
18. (a) Signature of funeral director: C. Hoffmeister & Co.
(b) Address: 7814 S. Broadway St. Louis, Mo.
19. (a) JUN 10 1941 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7th. year 1941 hour 7:25 minute p. M.
21. I hereby certify that I attended the deceased from April 22, 1941, 19..., to July 7th, 1941, that I last saw him alive on July 7th, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death: Cirrhosis of the liver, with portal obstruction, ascites, and
Due to: esophageal varices with recurrent hemorrhages.
Due to: –
Other conditions: Secondary anemia.
(Include pregnancy within 3 months of death)

Duration: Unknown

Major findings: Of operations: Paracentesis abdominalis. 5/5/41 and 6/4/41.
Of autopsy: No 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): no
(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) Nature of injury

23. Signature: L. M. COCHRAN, M.D. (M. D. or other)
Address: Chief Medical Officer. Date signed: 7/8/41.

707 (Licensed Embalmer's Statement on Reverse Side)

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 Linus C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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

If this body is not embalmed, fact should be so stated above.