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FILED OCT 18 1941

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State File No. _____

Registration District No. 791

Primary Registration District No. _____

Registrar's No. 7183

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3918 N. Grand Blvd.
(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 Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL.")
(d) Street No. 3918 No. Grand Blvd.
(If rural, give location)
(e) Citizen of foreign country? Y (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Theodore Schneider

3. (b) If veteran, name war No. 3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Amanda 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased July 12 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 1 22 hr. min.

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

10. Usual occupation Carpenter

11. Industry or business _____

MOTHER FATHER { 12. Name Peter Schneider

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

14. Maiden name Katherine Hasse

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

16. (a) Informant Mrs. Theodore Schneider

(b) Address 3918 N. Grand Blvd.

17. (a) Burial (b) Date thereof 9/6/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Zion Cemetary

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave.

19. (a) SEP 4 1941 (b) J. Budick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept 3 day
year 1941 hour 2 minute 5 P. M.

21. I hereby certify that I attended the deceased from January 1941
19. 1 to Sept. 13 19. 41;
that I last saw him alive on Sept. 2 19. 41;
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarct Duration 2 Wks
Due to Angina Pectoris 1 yr.

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?

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

23. Signature J. E. ... (M. D. or other) D
Address 408 ... Date signed 9-13-41

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *W. 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 with the above constitutes grounds for revocation of license.)

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