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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILLED NOV 24 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 33473
Registrar's No. 8429

Registration District No. _____

Primary Registration District No. _____

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:
4114a Shreve Ave., /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 17 years
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. 4114a Shreve Ave.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 23rd
year 1941 hour 6:45 minute A. M.
21. I hereby certify that I attended the deceased from Oct 6
1941 to Oct 23 1941;
that I last saw him alive on Oct 22 1941
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Uremia
Due to Chr Glomerulo-nephritis
Due to Chr Hypertension
Chr Myocarditis
Other conditions _____
(Include pregnancy within 3 months of death)

Duration
6 days
7
7
7

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 W. H. Lindeman (M. D. or other) _____
Address 4126 S Shreve Date signed 10/23/41

3. (a) PRINT FULL NAME Louis Schneider

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

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

6. (b) Name of husband or wife Sophia Schneider 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased February 2, 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 8 21 hr. min.

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

10. Usual occupation Cabinet Maker

11. Industry or business Furniture

12. Name Michael Schneider

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

14. Maiden name Katherine Brauch

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

16. (a) Informant Mrs. Sophia Schneider

(b) Address 4114a Shreve Ave.

17. (a) Burial (b) Date thereof Oct. 25, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethlehem Cemetery.

18. (a) Signature of funeral director Wm. M. Schumacher

(b) Address 4834 Natural Bridge.

19. (a) Oct 24 1941 (b) J. F. Bredeck
(Date registered) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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.....

John A. Melina....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *John A. Melina*.....

Licensed Embalmer No. *4186*.....

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.