

FILED JAN 27 1942

State File No. _____

Registration District No. 754

Primary Registration District No. 117

Registrar's No. 112

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Webster Groves
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 7601 Big Bend
(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 St. Louis
(c) City or town Webster Groves
(If outside city or town limits, write "RURAL")
(d) Street No. 7601 Big Bend
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Elizabeth Schneider

3. (b) If veteran, name war No. 3. (c) Social Security No. None

4. Sex Female / race White 5. Color or White
6. (a) Single, widowed, married, Divorced Widowed
6. (b) Name of husband or wife Henry 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased April 8 1868
(Month) (Day) (Year)

8. AGE: Years 73 Months 9 Days 5 If less than one day
hr. _____ min. _____

9. Birthplace Okawville / Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Fred Schneider
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Robert Schneider
(b) Address 7601 Big Bend
17. (a) Removal (b) Date thereof 1-14-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dixon, Mo.
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Ave.

19. (a) JAN 14 1942 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day thirteen
year 1942 hour three minute — A.M.

21. I hereby certify that I attended the deceased from _____ 1942 to Jan 13 1942
and that death occurred on the date and hour stated above.
that I last saw her alive on Jan 13 1942

Immediate cause of death Pneumonia Lobar 5 days Duration
Myocardial infarct Years
Rhote Valvular Regurgency Years

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?

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

23. Signature A. Walters M.D. (M. D. or other)
Address 1220 Colburnville East St. Louis Date signed 1-13-42

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

76
7
4

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 *Wilford G. Burnley*
.....
Licensed Embalmer No. *4202*

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.