. No. 2
—4-13-40
5-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 24 1942

Registration District No. 784

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 161

State File No. 0

Registrar's No. 356

3661

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

6
2
3

**1. PLACE OF DEATH:**

(a) County St. Louis

(b) City or town Clayton (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis Co. Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 22 DAYS (Specify whether

In this community 31 years (years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County St. Louis 96

(c) City or town Pine Lawn (If outside city or town limits, write "RURAL")

(d) Street No. 4410 Edgewood (If rural, give location)

(e) If foreign born, how long in U. S. A.? No 1 years.

3. (a) PRINT FULL NAME Hanry J. Schneider

3. (b) If veteran, name war ✓

3. (c) Social Security No. 448-07-1406

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary Schneider

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

7. Birth date of deceased March (Month) 28 (Day) 1880 (Year)

8. AGE: Years 61 Months 10 Days 17 If less than one day ___ hr. ___ min.

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

10. Usual occupation Machinist

11. Industry or business Lincoln Engineer Co.

FATHER
12. Name John P. Schneider
13. Birthplace St. Louis (City, town, or county) 0 Missouri (State or foreign country)

MOTHER
14. Maiden name Mary G. Huth
15. Birthplace — (City, town, or county) 4 Germany (State or foreign country)

16. (a) Informant Mary Schneider

(b) Address 4410 Edgewood, Pine Lawn, Mo

17. (a) Buried (Burial, cremation, or removal) (b) Date thereof 2 (Month) -18 (Day) -42 (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Tanner Und. Co.

(b) Address 6107 Natural Bridge.

19. (a) FEB 16 1942 (Date received local registrar) (b) C. G. McGarrin (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Feb day 15 year 1942 hour 9:30 A M minute ___ M.

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.

Immediate cause of death Accidently fell down steps at his own home. 6 Duration

Due to Large emboli in both pulmonary arteries; infarcts in lower lobe of both lungs; acute cystitis; acute pyelonephritis;

Due to

Other conditions dilitation and hypertrophy of heart; chronic passive congestion of liver, spleen & kidneys; arteriosclerosis of basilar arteries.

(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Autopsy: Yes

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) Accident 0 96

(b) Date of occurrence Jan. 23, 1942

(c) Where did injury occur? Own home, Pine Lawn (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Own home (Specify type of place)

While at work? (c) Means of injury

23. Signature Louis H Bapp Coron (M. D. or other)

Address Kirkwood, Mo. 2/16/42 Date signed

101

(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 Gary 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.**