

S. No. 1-9441
7-5-17-39
X29464

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

34658

State File No.

FILED NOV 5 1942 306

Primary Registration District No. 6048

Registrar's No. 142

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

1. PLACE OF DEATH:

(a) County St. Charles
 (b) City or town St. Peters - Dardenne
 (c) Name of hospital or institution: _____
 (If not in hospital or institution, write street number or location)

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

In this community 41 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles
 (c) City or town St. Peters
 (If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Edmund A. Schneider

3. (b) If veteran, name war _____ 3. (c) Social Security No. 498-05-1611

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 4 year 1942 hour 10 minute 20 P.M.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Velma Schneider 6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased: Oct. 21, 1901
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 1936 to Oct 1942 1942 and that death occurred on the date and hour stated above.

8. AGE: Years 40 Months II Days I7 If less than one day _____ hr. _____ min.

Immediate cause of death Generalized metastatic carcinoma Duration _____

Due to Carcinoma stomach 8 yrs

9. Birthplace St. Peters, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Clerk Hdwe. Store

11. Industry or business _____

Other conditions (Include pregnancy within 3 months of death) _____

Due to _____

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MOTHER FATHER { 12. Name Geo. Schneider

13. Birthplace St. Peters, Mo. (City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Pieper

15. Birthplace O'Fallon, Mo. (City, town, or county) (State or foreign country)

Major findings: Of operations Carcinoma stomach Of autopsy _____

17. Reaction - 1934

16. (a) Informant Clem Schneider (b) Address St. Peters, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-7-42 (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters, Mo.

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? _____

18. (a) Signature of funeral director Geo. Stiefvater (b) Address St. Peters, Mo.

19. (a) 10-7-42 (Date received local registrar) (b) Geo. Stiefvater (Registrar's signature)

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

23. Signature Veronica Schuber (M. D. or other) MS Address St. Charles, Mo. Date signed 10/16/42

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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.....
Licensed Embalmer No. *877*
P. O. Address *Ed Keethy*
Dallow M

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!