V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

8771

State File No.

ED MAR 30 1943

Registration District No. 818

Primary Registration District No. 1003

Registrar's No. 2707

1. PLACE OF DEATH:

(a) County ST. LOUIS

(b) City or town ST LOUIS Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 5433 GOETHE AVE. V
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 13 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 003

(a) State Mo. (b) County ST LOUIS 17

(c) City or town ST. LOUIS Mo. 92
(If outside city or town limits, write "RURAL")

(d) Street No. 5433 GOETHE
(If rural, give location)

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

If yes, name country - - - - - 0

3. (a) PRINT FULL NAME HUBERT SCHNEIDER

3. (b) If veteran, name war - - - -

3. (c) Social Security No. NONE

4. Sex M

5. Color or race W.

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

6. (b) Name of husband or wife SOPHIE HINK

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

7. Birth date of deceased JAN. (Month) 4 (Day) 1859 (Year)

8. AGE: Years 84 Months 2 Days 16 If less than one day ..... hr. ..... min.

9. Birthplace JEFFERSON Co. (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation RETIRED

11. Industry or business FARMER.

FATHER
12. Name UNKNOWN
13. Birthplace UNKNOWN (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN (City, town, or county) 9 (State or foreign country)

16. (a) Informant MRS ALBERT HOOGE

(b) Address 5433 GOETHE. - ST. LOUIS Mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAR. 23, 1943 (Month) (Day) (Year)

(c) Place: burial or cremation ~~MARVILLE~~ Kimmswick Mo

18. (a) Signature of funeral director HEILIGTAG FUNERAL HOME

(b) Address KIMMSWICK Mo

19. (a) MAR 22 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 20 year 1943 hour 12 minute 30 a. M.

21. I hereby certify that I attended the deceased from 3-15- 1943 to 3-20 1943 that I last saw him alive on 3-19 1943 and that death occurred on the date and hour stated above.

Immediate cause of death ~~[illegible]~~ Pneumonia Bronchial

Due to Senility

Due to

Other conditions 107
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Clay Alyn (M.D. or other)

Address 5917 S. Kings Highway Date signed

(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 Arthur W. Heilgtag

Licensed Embalmer No. 38720.

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.