

FILED MAY 3 1943
Registration District No. **318**

Primary Registration District No. **1003**

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

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:
5216a N. Broadway
(If not in hospital or institution, write street number or location)

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

In this community 6 hours 15 min

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri County.....

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 5216a N. Broadway
(If rural, give location)

(e) Citizen of foreign country?..... 0 (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Baby Schneider

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

3. (c) Social Security No.

4. Sex male 5. Color or race white

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

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

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

7. Birth date of deceased. Apr 25 1943
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
6 hr 15 min

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

10. Usual occupation child

11. Industry or business.....

MOTHER FATHER { 12. Name Edward D. Schneider

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

{ 14. Maiden name Truma E. Toney

{ 15. Birthplace New Madrid Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Virginia Toney

(b) Address 5216a N. Broadway

17. (a) burial (b) Date thereof 4-27-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Robert J. ...

(b) Address 2208 St. Louis Ave

19. (a) APR 27 1943 J. F. Brudeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 26
year 43 hour 4 minute 30 A.M.

21. I hereby certify that I attended the deceased from Apr 25th 1943 to Apr 26th 1943
that I last saw him alive on Apr 25 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)
159

PHYSICIAN

Major findings:
Of operations.....

Of autopsy.....

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..... Means of injury.....

23. Signature J. F. Brudeck (M. D. or other) ja W
Address 506 Olive Date signed 4/26/43

Not Embalmed

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.....

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.