

FILED MAY 27 1943

318

Primary Registration District No. 1003

Registrar's No. 4526

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:
4448 Labadie Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
Life (Specify whether
In this community..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4448 Labadie Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME THEKLA IRENE SCHNEIDER

3. (b) If veteran, name war..... (c) Social Security No.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband Edgar Schneider 6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased Oct 14th 1889
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
53 6 29 hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Theo. Bauersachs
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)
14. Maiden name Lilly Oltmann
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Edgar Schneider
(b) Address 4448 Labadie Ave

17. (a) Burial (b) Date thereof 5/17/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial Bellevue Cemetery

18. (a) Signature of funeral director John P. Bredack
(b) Address 4828 N. 1st St. St. Louis

19. (a) MAY 15 1943 (b) J. P. Bredack
(Date recorded) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13th
year 1943 hour 6 minute 45 M.

21. I hereby certify that I attended the deceased from Nov. 24, 1941 to May 13, 1943
that I last saw her alive on May 13, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death, Metastatic Carcinoma
Due to Carcinoma of Breast 2 1/2 yrs.

Due to.....
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....
Of autopsy.....

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 John P. Bredack (M.D. or other) M.D.
Address 2202 University St. Date signed 5/14/43

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

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.....

John A. Minner....., Registered Apprentice No.....
working under my personal supervision.

Signed *John A. Minner*.....

Licensed Embalmer No. *4186*.....

P. O. Address *St. Louis*.....

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.