

Registration District No. 304

Primary Registration District No. 6046

1. PLACE OF DEATH

(a) County St. Charles
(b) City or town Forest Hill Rural Callaway
(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

In this community 16 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME MARIA L. Kelppe

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased Feb 26 1859 (Month) (Day) (Year)

8. AGE: Years 84 Months 2 Days 9 If less than one day hr. min.

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

10. Usual occupation Home duties

11. Industry or business

12. Name Henry Schneider

13. Birthplace Germany (City, town, or county) (State or foreign country)

14. Maiden name Annie M. Schmidt

15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Josie Renuick

(b) Address Forest Hill

17. (a) (b) Date thereof May 8 1943 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cem. St. Louis

18. (a) Signature of funeral director H. E. Pitman

(b) Address Weirville Mo.

19. (a) May 7 1943 (b) Drew Rickman (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Charles
(c) City or town Forest Hill Rural (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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day May year 1943 hour 6 30 minute 7 M.

21. I hereby certify that I attended the deceased from April 22 1943 to May 6 1943 that I last saw her alive on May 4 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Labor Pneumonia 14 days

Due to

Due to

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

Major findings: Of operations 104

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) (M. D. or other)

23. Signature G. W. D. (M. D. or other)

Address Weirville Mo Date signed 5-6-43

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed P. E. Pitman.....

Licensed Embalmer No. 2711.....

P. O. Address Wentzville, Mo.....

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.