

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

Registration District No. **318**

Primary Registration District No. **1003**

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:
3937 WASHINGTON BLVD. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community..... **50 YEARS** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **MO.** (b) County.....
(c) City or town..... **ST. LOUIS**
(If outside city or town limits, write "RURAL")
(d) Street No. **3937 WASHINGTON BLVD.**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... **0**

3. (a) PRINT FULL NAME **ALBERT 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: **SINGLE**

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

7. Birth date of deceased: **MAY 16 1869**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 2 16 hr. min.

9. Birthplace: **BROOKLYN NEW YORK**
(City, town, or county) (State or foreign country)

10. Usual occupation: **RETIRED WAITER**

11. Industry or business.....

MOTHER FATHER { 12. Name **ALBERT SCHNEIDER**
13. Birthplace **DONT KNOW DONT KNOW**
(City, town, or county) (State or foreign country)
14. Maiden name: **DONT KNOW DONT KNOW**
15. Birthplace **DONT KNOW DONT KNOW**
(City, town, or county) (State or foreign country)

16. (a) Informant: **ELLEN ROCHE**
(b) Address: **3937 WASHINGTON BLVD.**

17. (a) **CREMATION** (b) Date thereof: **8-3-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: **VALHALLA CREMATORY**

18. (a) Signature of funeral director: *Arthur J. Donnelly*

(b) Address: **3840 Leavelle Blvd**

19. (a) **AUG 3** (Date received local registrar) (b) *J. F. Bissett* (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **AUG.** day **2.** year **1943** hour **2:40** minute **P.** M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;

that I last saw him..... alive on....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death: **Cancer of tongue with metastasis of lungs - 1. bron.** Duration

Due to.....

Due to..... **H5**

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

Major findings: Of operations.....

Of autopsy.....

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?.....

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

23. Signature: *Alfred J. [unclear]* (M. D. or other) Address: *[unclear]* Date signed: **8/3/43**

Monrovia Office

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 Stanley Marshall
Licensed Embalmer No. 2868
P. O. Address 3840 Lindell

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.