V. S. No. 2
50M—5-42
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

29395

State File No. 0

FILED SEP 4 1943

Registration District No. 17

Primary Registration District No. 2002

Registrar's No. 1962

96
3
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town University City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1418 Anna Ave. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96 3
(c) City or town University City 5
(If outside city or town limits, write "RURAL")
(d) Street No. 1418 Anna Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Friedericka Schneider.
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife John W. Schneider.
6. (c) Age of husband or wife if alive Dec'd. years
7. Birth date of deceased July 23, 1866. (Month) (Day) (Year)

8. AGE: Years 77 Months 1 Days 2 If less than one day hr. min.

9. Birthplace ? (City, town, or county) Germany. 4 (State or foreign country)
10. Usual occupation Housewife.
11. Industry or business
FATHER
12. Name Casper Brinkmann.
13. Birthplace ? (City, town, or county) Germany. 4 (State or foreign country)
MOTHER
14. Maiden name Louise Schaefer.
15. Birthplace ? (City, town, or county) Germany. 4 (State or foreign country)
16. (a) Informant Mr. Henry A. Schneider.
(b) Address 1418 Anna Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-29-43 (Month) (Day) (Year)
(c) Place: burial or cremation Bethany Cemetery.
18. (a) Signature of funeral director Geo. L. Pleitsch Inc.
(b) Address 5966-68 Easton Ave.
19. (a) 8-28-43 (Date received local registrar) (b) C. G. McGavran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 25th. year 1943 hour 8 minute 50 A.M.
21. I hereby certify that I attended the deceased from Aug 21 1943 to Aug 25 1943 that I last saw her alive on Aug 25 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy — Duration 4 wks

Due to

Due to 8 3 a 1

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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature C. E. Gilliland (M. D. or other)
Address 7124 Natural Bridge Date signed 8/26/43

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(Licensed Embalmer's Statement on Reverse Side)

Dr. C. E. Gilliland.
7124 Natural Bridge Ave.
Hours 9,30 to 11 A.M.
Telephone Evergreen 7117

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 3454 Ben Hoffman, Registered Apprentice No. 346, working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 5966 Easton St. L. 9

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.