

FILED JAN 4 1944

Registration District No. 318

Primary Registration District No. \_\_\_\_\_

Registrar's No. 11211

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:  
Lutheran Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 weeks  
In this community 80 Years (Specify whether 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. 4739 Michigan (If rural, give location) 15  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Bertha Schneider

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

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

7. Birth date of deceased June 19 1857  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
92 6 6 \_\_\_\_\_ hr. \_\_\_\_\_ min

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

10. Usual occupation housework

11. Industry or business \_\_\_\_\_

12. Name Pantalia Littner

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

14. Maiden name Theresa Fuetterer

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

16. (a) Informant Charles Jenne

(b) Address 4739 Michigan

17. (a) burial (b) Date thereof Dec. 27-1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director W. Schumacher

(b) Address 3013 Meramec

19. (a) DEC 27 1943 (b) J. P. Bredich  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 25  
year 1943 hour 6 minute 30 M.

21. I hereby certify that I attended the deceased from Oct. 1  
1943, to Dec. 24 1943;  
that I last saw him alive on Dec. 24 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Bacterial Pneumonia 1 Day

Due to Bacterial Pneumonia 4-59-4

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations None

Of autopsy None

Duration  
4-59-4  
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 \_\_\_\_\_

Signature Dr. Rex H. Koch (M. D. or other) \_\_\_\_\_  
Address 3110 S. Grand St. - St. Louis Date signed 12-26-43

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

MOTHER FATHER

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**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. 2906

P.O. Address 3013 Meramec

**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.**