

FILED JAN 24 1944

Registration District No. 377

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

4468

State File No. 2

Registrar's No. 112

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Overland
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 9242 Arline
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days) 70 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis
(c) City or town Overland
(If outside city or town limits, write "RURAL")
(d) Street No. 9242 Arline
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Elizabeth Schneider

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced 2 W
6. (b) Name of husband or wife Louis 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb 28 1862
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>10</u>	<u>15</u>	hr. _____ min. _____

9. Birthplace England (City, town, or county) (State or foreign country) 4

10. Usual occupation housewife

11. Industry or business own home

MOTHER FATHER { 12. Name Michael Corley
13. Birthplace Unknown Ireland 4
(City, town, or county) (State or foreign country)
14. Maiden name Hogan
15. Birthplace Unknown Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Katherine Burkert

(b) Address 9242 Arline

17. (a) Burial (b) Date thereof 1/17/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Ortmann Funeral Home

(b) Address 9222 Lackland Overland Mo

19. (a) JAN 17 1944 (b) E. G. McFarren
(Date received local registrar) (Registrar's signature) ES

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 13
year 1944 hour _____ minute 6:40 AM

21. I hereby certify that I attended the deceased from Dec 1 1943 to Jan 13 1944
that I last saw him live on Jan 13 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Organic Heart Disease

Due to _____ Duration 10 yrs.

Due to _____

Other conditions _____
(Includes pregnancy within 3 months of death)

Major findings: Of operations 950v
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 _____

Signature F. R. Sijker (M. D. or other) _____
Address 4321 Midland Date signed 1-13-44

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 Al C. Ostmann

Licensed Embalmer No. 3478

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.