

FILED APR 1 1944

Registration District No. _____

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:
4106 Humphrey St. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community **Life.** (Specify whether _____)
years, months or days)

3. (a) PRINT **ELIZABETH SCHNEBERGER**
FULL NAME

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

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

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

7. Birth date of deceased **Oct 19 1879**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 4 5 5 hr. min.

9. Birthplace **St. Louis Mo.** (City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business **Housewife**

12. Name **William Schneeberger**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Catherine McDermond**

(b) Address **4106 Humphrey St.**

17. (a) **Burial** (b) Date thereof **March 27/44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Old S.S. Peter & Paul**

18. (a) Signature of funeral director **Shordutis & Son**

(b) Address **2906 Grannis Ave.**

19. (a) **MAR 25 1944** (Date received local registrar) **J. J. Beeseck** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **17**
(c) City or town **St. Louis.** (If outside city or town limits, write "RURAL") **9/16**
(d) Street No. **4106 Humphrey St.** (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **24**
year **1944** hour **12 30** AM

21. I hereby certify that I attended the deceased from **June 6 1939** to **March 24 1944**
that I last saw **her** alive on **March 24 1944**
and that death occurred on the date and hour stated above.

Immediate cause of death **Congestive Pectoris** Duration **2 yrs.**

Due to **Chronic Myocarditis**
Chronic Glomerulonephritis

Due to _____

Other conditions (Include pregnancy within 3 months of death) **None**

Major findings: Of operations **None**

Of autopsy **None**

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) **None**

(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 **J. J. Beeseck** (M. D. or other) _____

Address **2767 Grannis Ave.** Date signed **3/24/44**

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

MOTHER FATHER

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 *David Van Fossan*.....

Licensed Embalmer No. *4242*.....

P. O. Address. *2906 Merrin a*.....

Notes: 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.