

FILED APR 26 1948 18

State File No. _____

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 3610

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:
City Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 Months
(Specify whether years, months or days)
 In this community 40 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 2720 Eads Ave
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME Joseph Schneider

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased April 9 1860
(Month) (Day) (Year)

8. AGE: Years 84 Months 0 Days 9 If less than one day hr. _____ min. _____

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

10. Usual occupation Porter

11. Industry or business Electric Co.

12. Name Unknown

13. Birthplace Unknown
(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 Jessie Alexander

(b) Address 2720 Eads Ave

17. (a) Burial (b) Date thereof 4 / 20 / 44
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director A. W. McLaughlin

(b) Address 2301 Lafayette Ave

19. (a) APR 19 1944 J. F. Bredek
(Date received in Registrar's office) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 18
 year 44 hour 5 minute 20 A.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 Heart attack right leg
Arteriosclerosis with the heart in
balance and fell from a chair.
 Due to as which he was seated in
the basement of his home December
 Due to 21 1943 (about 2:00 PM)

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

Major findings None
 Of operations None

Of autopsy None

Duration

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) Accident
 (b) Date of occurrence Dec 21 1943
 (c) Where did injury occur? St. Louis
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

Willie at work? Yes (Specify type of place) Home
 (e) Means of injury Fall

23. Signature James J. Fitzsimmons (M. D. or other) Coroner
 Address 1596 Clair Date signed 4-19-44

WRITE PLAINLY—USE 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

L.R. Coap

Licensed Embalmer No. *36 33*

P. O. Address. *2317 Lafayette*

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.