

Registration District No. \_\_\_\_\_ Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. John's Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Months  
(Specify whether years, months or days)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Bertha Schneider

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 Married

6. (b) Name of husband or wife Walter

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased June 25 1905  
(Month) (Day) (Year)

8. AGE: Years 39 Months 5 Days 9 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Home

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

12. Name Jos. Wenzel

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

14. Maiden name \_\_\_\_\_

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

16. (a) Informant Louis Wenzel

(b) Address \_\_\_\_\_

17. (a) Burial (b) Date thereof Dec. 6, 1944.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: New S.S. Peter Paul Cemetery

18. (a) Signature of funeral director Wacker Belderle

(b) Address 3634 Gravois Ave.

19. (a) DEC 5 1944 (b) J. Medeck  
(Date received local registrar) (Registrar's signature)

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. 4561 Flad Ave.  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Dec. day 3 year 1944 hour 5 minute 45 A. M.

21. I hereby certify that I attended the deceased from Mar 14 1944 to Dec 3 1944  
that I last saw her alive on Dec 2 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary edema

Due to Pulmonary metastasis

Due to Inoperable Carcinoma of cervix

Other conditions: H/O

Major findings: Squamous cell ca of cervix

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) (c) Means of injury 0

23. Signature Matthew W. Wain (M. D. or other) MO  
Address 634 No Grand Date signed Dec 4/44

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

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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 Robert Wheeler

Licensed Embalmer No. 2128

P. O. Address St. Louis

**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.**