

Registration District No. **318**

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

**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:  
Missouri Baptist Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 weeks  
(Specify whether years, months or days)  
In this community 46 yrs.

**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. 4315 N. 20th St.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Harry J. Schneider

3. (b) If veteran, name war Nil  
3. (c) Social Security No. 489-09-6737

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (c) Age of husband or wife if alive 36 years  
7. Birth date of deceased January 21 1898  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>46</u>	<u>9</u>	<u>25</u>	hr. _____ min _____

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

10. Usual occupation Mattress Filler

11. Industry or business Bedding Company

12. Name Henry Schneider  
13. Birthplace Hoffman Ill.  
(City, town, or county) (State or foreign country)  
14. Maiden name Anna Brun  
15. Birthplace Unknown Ill.  
(City, town, or county) (State or foreign country)

16. (a) Informant Anna F. Schneider  
(b) Address 4315 N. 20th St.  
17. (a) Burial (b) Date thereof 11-19-44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Suedmeyer & Sons  
(b) Address 3934 N. 20th St.

19. (a) NOV 17 1944 (b) J. F. Brudeck  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Nov. day 16  
year 1944 hour 3 minute 00 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:  
Septicemia following Congruous Fracture of right humerus; suffered while working on a mattress at the Royal Bedding Co. 8-1 Cass Ave. City or Due to about Oct. 9, 1944 exact time unknown  
Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
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) Accident  
(b) Date of occurrence Oct. 9, 1944  
(c) Where did injury occur? St. Louis Mo  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Industrial Place  
While at work? yes (Specify type of place) (e) Means of injury as above  
23. Signature James E. Brimmer (M.D. or other)  
Address 1300 4th Date signed 11/17/44

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

1350

DEC 7 1944

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..... *Alfred J. Boedker*  
.....  
Licensed Embalmer No. *2663*  
P. O. Address..... *5934 Alpha Ave*

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.