

FILED MAY 17 1945

Registration District No. _____

Primary Registration District No. 3058

Registrar's No. 61

1. PLACE OF DEATH:
 (a) County St. Charles
 (b) City or town St. Charles
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Joseph Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 hours
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Charles
 (c) City or town St. Charles
(If outside city or town limits, write "RURAL")
 (d) Street No. 973 N. Kingshighway
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Adena Schnedler

3. (b) If veteran, name war ✓ 3. (c) Social Security No. NONE

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

6. (b) Name of husband or wife Ralph J. Schnedler 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased May 20 1899
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<u>45</u>		<u>11</u>	<u>13</u>	hr. _____ min. _____

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

10. Usual occupation housewife

11. Industry or business _____

12. Name Louis Nolle

13. Birthplace St. Charles, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Wilhelmina Boenker

15. Birthplace St. Charles, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Ralph J. Schnedler

(b) Address St. Charles, Mo

17. (a) Burial (b) Date thereof May 6th 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lutheran Cemetery

18. (a) Signature of funeral director Haldemann Bauer

(b) Address 326 N 6th St, St. Charles, Mo

19. (a) May 5, 1945 (b) Ernest E. Paul
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3rd
 year 1945 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from March 19 44 to May 3rd 45
 that I last saw him alive on May 3rd 45
 and that death occurred on the date and hour stated above.

Immediate cause of death: Chr. Cardiac Degeneration 4mo.

Due to Essential Hypertension ?
Generalized Arteriosclerosis ?

Due to Diabetic Mellitus ?

Other conditions Diabetic Mellitus ?
(Include pregnancy within 3 months of death)

Major findings: 26 61
 Of operations _____
 Of autopsy 2

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) _____

(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? No

While at work? _____
(Specify type of place) (e) Means of injury _____

23. Signature R. H. Hayden M.D. (M. D. or other)

Address St. Charles, Mo Date signed 5/4/45

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

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 5-16-45

MAY 19 1945
MAY 28 1945

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 Arthur E. Bane

Licensed Embalmer No. 3145

P. O. Address D. Charles M.

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.