

S. No. 2
M-8-43
5-17-39
P I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26110

State File No. _____

FILED SEP 14 1945
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7784

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:
Little Sisters of the Poor 5
(If not in hospital or institution, write street number or location)
3400 So. Grand Blvd.

(d) Length of stay: In hospital or institution 15mo
(Specify whether _____)

In this community _____
years, months or days)

3. (a) PRINT FULL NAME Mary 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 widowed

6. (b) Name of husband or wife Joseph

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

7. Birth date of deceased June 2 1858
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>37</u>	<u>2</u>	<u>29</u>	hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name John Gabelsberger

13. Birthplace Don't Know 9
(City, town, or county) (State or foreign country)

14. Maiden name Mary Preitnachel

15. Birthplace Don't Know 11
(City, town, or county) (State or foreign country)

16. (a) Informant Sister St. Ludvine

(b) Address 3400 So. Grand Blvd.

17. (a) Removal (b) Date thereof 9/3/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bonnets Hill, Mo.

18. (a) Signature of funeral director Gebken-Benz Mort.

(b) Address 2842 Neramec St.

19. (a) SEP 5 1945 (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis, 17 16
(If outside city or town limits, write "RURAL")

(d) Street No. 3400 So. Grand Blvd. 7
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 31st
year 1945 hour 7 minute 00P.M.

21. I hereby certify that I attended the deceased from June 16 to Sept 21 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Arterio Sclerosis Duration 2 3/4

Due to Arterio Sclerosis 3 1/2

Due to general 17

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:

(c) 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) (Means of injury)

23. Signature [Signature] (M.D. or other) _____
Address 3400 So. Grand Date signed 9/12/45

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

7822

7822

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 Virgil L. Berryman
Licensed Embalmer No. 4018
P. O. Address St Louis, Mo.

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.