S. No. 2
OM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED AUG 28 1945

State File No. 28556

Registration District No. 317 Primary Registration District No. 3063 Registrar's No. 2840

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Saint Louis County Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Osage 75
(c) City or town Argyle 0
(If outside city or town limits, write "RURAL")
(d) Street No. Rural 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Mathias Schneider
3. (b) If veteran, name war Nil
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov. (Month) 21 (Day) 1926 (Year)

8. AGE: Years 18 Months 8 Days 22 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
10. Usual occupation Student
11. Industry or business
FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name Aceline Lock
15. Birthplace Osage County (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Mrs. F. Wolf
(b) Address Argyle, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-17-45 (Month) (Day) (Year)
(c) Place: burial or cremation Koethetown, Mo.,
18. (a) Signature of funeral director Morton Funeral Home
(b) Address Lynn, Missouri
19. (a) 8-15-45 (Date received local registrar) (b) E. G. McGarvan Mo (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 13th year 1945 hour 3:30 minute P. M.
21. I hereby certify that I attended the deceased from UNATTENDED 19 to 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Drowning	
183	
Due to Accident	
36	
Due to	
Other conditions (Include pregnancy within 3 months of death) (Swimming in public swimming pool)	
Major findings: Of operations	
Of autopsy None	

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 96
(b) Date of occurrence 8-13-45
(c) Where did injury occur? St. Louis Co (City or town) (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Westlake Park Amuse. Swim. Pool (Specify type of place)
While at work? no (e) Means of injury Drowning
23. Signature Arnold J. Willmann Coroner (M. D. or other)
Address St. Louis County Health Dept Clayton, Mo. Date signed 8-15-45

(Licensed Embalmer's Statement on Reverse Side)

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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.....

Licensed Embalmer No. 3472

P. O. Address 4911 Washington

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.