

STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUN 30 1946

1003

Registration District No. _____

Primary Registration District No. _____

Registrar's No. **A-750**

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(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. Louis City Hospital
Max C. Starkoff Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME HARRY SCHNEIDER

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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 May 10 1869
(Month) (Day) (Year)

8. AGE: Years 76 Months 11 Days 25 If less than one day
hr. _____ min. _____

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

10. Usual occupation unknown

11. Industry or business _____

12. Name Henry
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name Emma
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant R. Nation

(b) Address Anatomical Board City Hospital

17. (a) (Burial, cremation, or removal) 5/8/46
(b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director W. R. Ritten

(b) Address 3509 Ritten

19. (a) MAY 28 1946 (Date received local registration) J. J. Bruesch (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. Erie House
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 5
year 1946 hour 12:45 minute A M.

21. I hereby certify that I attended the deceased from May 1st, 1946 to May 5th, 1946:
that I last saw him alive on May 5th, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction
vascular disease
Due to Generalized
Due to arteriosclerosis

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) _____
(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) _____ (e) Means of injury _____

23. Signature Robert E. Cochran (M. D. or other) _____
Address 1515 Lafayette Date signed 5/6/46

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.....

P. O. Address.....

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.