

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 318

Primary Registrar's District No. 1003

Registrar's No. 5892

1. PLACE OF DEATH:

(a) County St. Louis
(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 10-days
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Overland
(If outside city or town limits, write "RURAL")
(d) Street No. 2550-Hood Avenue
(If rural, give location) NR
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Charles A. Schneider

3. (b) If veteran, name war World War #1
3. (c) Social Security No. 492-05-7785

4. Sex M 5. Color or race D W
6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Emma H
6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased Sept 1 1887
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
58 10 4 hr. min.

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

10. Usual occupation Milk Salesman

11. Industry or business St. Louis Dairy Co.

12. Name Bernard Schneider

13. Birthplace Hillsboro Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Luella Huntley

15. Birthplace Hillsboro Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Emma H. Schneider

(b) Address 2550-Hood Ave- Overland, Mo.

17. (a) Burial (b) Date thereof 7-9-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Laurel Hill Gardens

18. (a) Signature of funeral director Baumann Brothers
(b) Address 2504-Woodson Rd Overland, Mo

19. (a) JUL 8 1946 J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5
year 1946 hour 9 minute 00 P. M.

21. I hereby certify that I attended the deceased from June 25, 1946 to July 5, 1946
that I last saw him alive on 7-8-46
and that death occurred on the date and hour stated above.

Immediate cause of death Thrombosis of Brain
Left side

Due to ?

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy yes
as above

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) NO

(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 Ray E. Hatcher (M. D. or other) _____
Address Overland Date signed 7-7-46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

24553

179

07010101

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 Harold K. Braun

Licensed Embalmer No. 4337

P. O. Address Overland

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.