No. 2
-1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 15626

FILED MAY 1 1947

Registration District No. 318 Primary Registration District No. Registrar's No. 4221

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital Max Starkloff
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Memorial (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1003

(a) State Missouri (b) County 000

(c) City or town St Louis 17 (If outside city or town limits, write "RURAL") 169

(d) Street No. 3221 Cherokee St — (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME RUDOLPH 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 WIDOWER

6. (b) Name of husband or wife

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

7. Birth date of deceased Aug 27 (Month) 1867 (Day) (Year)

8. AGE: Years 79 Months 7 Days 25 If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name RUDOLPH SCHNIEDER
13. Birthplace SWITZERLAND (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace SWITZERLAND (City, town, or county) (State or foreign country)

16. (a) Informant RUDOLPH SCHNIEDER
(b) Address 2509 MINNESOTA

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Apr 25/47 (Month) (Day) (Year)
(c) Place: burial or cremation NEWST MARCUS

18. (a) Signature of funeral director Thorkutis & Son
(b) Address 2906 Gravois Av.

19. (a) APR 24 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22nd year 1947 hour 9:05 minute P M.

21. I hereby certify that I attended the deceased from 4-5-47, 19, to 4-22-47, 19; that I last saw him alive on 4-22-47, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia

Due to Cardiac decompensation

Due to Arteriosclerotic heart disease

Other conditions Senile psychosis
(Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations 93

Of autopsy —

PHYSICIAN

Underline the cause of 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other MD)

Address 1515 Lafayette Date signed 4-23-47

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

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Lis Budde

Licensed Embalmer No. 3989

P. O. Address 2406 Grove

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.