

No. 2
2-45
17-39
X47070

FILED MAY 31 1947

Registration District No. 317

Primary Registration District No. 3069

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Richmond Hts.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Mary's Hospital (D)
(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 Mo. (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 9
(d) Street No. 4749 Gravois Ave. 1
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ARTHUR B. SCHNEITHORST SR.

3. (b) If veteran, name war None 3. (c) Social Security No. _____

4. Sex Male (D) 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Bertha L. 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 16 1884
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>10</u>	<u>22</u>	hr. _____ min. _____

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

10. Usual occupation Restaurant Proprietor

11. Industry or business Bevo Mill

MOTHER FATHER

12. Name Henry Schneithorst

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

14. Maiden name Emma Mohrhaus

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

16. (a) Informant Bertha L. Schneithorst

(b) Address 4749 Gravois

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 12 47 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Mausoleum

18. (a) Signature of funeral director Kriegshausner Und. Co.

(b) Address 4228 Sol. Kingshighway Bl.

19. (a) 5-12-47 (Date received local registrar) (b) Paul A. Schaefer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8 year 1947 hour 9:20 minute _____ P. M.

21. I hereby certify that I attended the deceased from May 1st 1947 to May 8 1947; that I last saw him alive on May 8 1947; and that death occurred on the date and hour stated above.

Immediate cause of death myocardial infarction & rupture of small bowel Duration 5 days

Due to 123-

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

Duration

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 Fred Kramer (M. D. or other) MD

Address 6347 Grand Date signed 5-9-47

MAY 27 1947

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..... *Richard W Storrsand*

Licensed Embalmer No. *4007*

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.