

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

1. PLACE OF DEATH:

(a) County.....

(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 PACIFIC HOSP**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... **8 days**
(Specify whether

In this community..... **10 yrs.**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **MISSOURI** (b) County..... **000**

(c) City or town..... **ST. LOUIS** **12**
(If outside city or town limits, write "RURAL")

(d) Street No. **3741 HYDRAULIC** **9**
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME..... **Mrs Ruth Marie Schneider**

3. (b) If veteran, name war.....

3. (c) Social Security No. **NONE**

4. Sex..... **Female** 5. Color or race..... **White**

6. (a) Single, widowed, married, divorced..... **Married**

6. (b) Name of husband or wife..... **MELVIN E. SCHNEIDER**

6. (c) Age of husband or wife if alive..... **31** years

7. Birth date of deceased..... **February 7 1917**
(Month) (Day) (Year)

8. AGE:

| | | | |
|-----------|----------|-----------|----------------------|
| Years | Months | Days | If less than one day |
| 30 | 5 | 24 | hr. min. |

9. Birthplace..... **STANTON ILLINOIS**
(City, town, or county) (State or foreign country)

10. Usual occupation..... **AT HOME**

11. Industry or business.....

12. Name..... **LOUIS DAUMANN**

13. Birthplace..... **STANTON ILLINOIS**
(City, town, or county) (State or foreign country)

14. Maiden name..... **EMMA GRIMM**

15. Birthplace..... **STANTON ILLINOIS**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **MELVIN E. SCHNEIDER**

(b) Address..... **3741 HYDRAULIC**

17. (a) ~~Burial, cremation, or removal~~ **Final Removal** (b) Date thereof..... **8/3/47**
(Month) (Day) (Year)

(c) Place: burial or cremation..... **Chapman Cem, White City, Mo.**

18. (a) Signature of funeral director..... **BEIDERWIEDEN Fu. Home, Inc.**

(b) Address..... **1936 ST. LOUIS AVE**

19. (a) **AUG 1 1947** (b) **J. F. Bredeek**
(Date received local registrar's certificate) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **7** day..... **31**
year..... **47** hour..... **3** minute..... **30** P. M.

21. I hereby certify that I attended the deceased from..... **7/23**
..... **47** to..... **7/31** 19..... **47**
that I last saw ~~her~~ **her** alive on..... **7/31** 19..... **47**
and that death occurred on the date and hour stated above.

Immediate cause of death..... **CONGESTIVE HEART FAILURE** **3 mo**
RHEUMATIC HEART DIS. **10 yr**
CHRONIC

Due to.....

Other conditions..... **HYPOSTATIC PNEUMONIA** **sube**
(Include pregnancy within 3 months of death)

Major findings:
Of operations..... **95**

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?..... **0**
While at work?.....
For injury.....

23. Signed by..... **Louis D. Johnson** (M. D. or other)
Dr. Joe H. Hays (Date of death) **7/31/47**

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

Walter Paulson

Licensed Embalmer No.

4124

P. O. Address

1936 St. Louis Ave

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.