V. S. No. 2
00M—5-43
ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 15 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29800

Registration District No. 317 Primary Registration District No. 3069 Registrar's No. 1912

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Richmond Hights (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Mary's Hospital (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 Missouri (b) County 00

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

(d) Street No. 7029 Ethel Ave., 7 (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Elizabeth Schneider.

3. (b) If veteran, name war No

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 Remig Schneider

6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased Jan. 20, 1867. (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
80	7	19	hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Ludwig Euler
13. Birthplace Germany 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Germany 4 (City, town, or county) (State or foreign country)

16. (a) Informant William Euler

(b) Address 3 Branstable Dr.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 10/47 (Month) (Day) (Year)

(c) Place: burial or cremation Old St. Marcus Cem.,

18. (a) Signature of funeral director Jos. W. Clark

(b) Address 1125 Hodiamont Ave.

19. (a) 9-9-47 (Date received local registrar) (b) Carla Z Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 8 year 1947 hour 2.50 minute A.M. M.

21. I hereby certify that I attended the deceased from 12-3, 1944 to 9-8, 1947; that I last saw her alive on 9-7, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardio-Renal Disease	6 mo
Due to 131b	
Due to Arteriosclerosis & Hypertension	3½ years
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations

Of autopsy no

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature Earl L Brand (M.D. or other) MD

Address Webster Groves Mo Date signed 9/8/47

(Licensed Embalmer's Statement on Reverse Side)

Dr. Earl L. Brand,
120 E. Lockwood Ave.,
Re. 3038. 3-5 P.M.
Webster Groves, Mo.

JAN 17 1951

MAY 26 1949

OCT 31 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 Alfred F. Boedeker

Licensed Embalmer No. 2663

P. O. Address 1125 Hodiamont 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.