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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MAR 11 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7003

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2097

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: O
Alexian Bros. 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 Occ
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3526 Minnesota Ave. 9
(If rural, give location)
24
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Joseph Schneider
3. (b) If veteran, name war --
3. (c) Social Security No. 492-07-9901
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Widower 2
6. (b) Name of husband or wife Mary
6. (c) Age of husband or wife if alive -- years
7. Birth date of deceased July (Month) 7 (Day) 1886 (Year)

8. AGE: Years 61 Months 7 Days 20 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation Night Watchman
11. Industry or business National Lead Company
FATHER
12. Name Frank Schneider
13. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown 9 (State or foreign country)
16. (a) Informant Bernice Quero 1
(b) Address 3526 Minnesota Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/1/48 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus
18. (a) Signature of funeral director Wacker-Helderle
(b) Address 3634 Gravois Ave.
19. (a) MAR 1 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 27
year 1948 hour 2 minute 10 P. M.
21. I hereby certify that I attended the deceased from Oct. 27, 1947 to Feb 27, 1948
that I last saw him alive on Feb 27, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis	24 years
Due to	
Due to	??
Other conditions: Duodenal ulcer chronic; Arterial sclerosis	??
(Include pregnancy within 3 months of death) Diverticulitis Sigmoid ??	
Major findings: Of operations	
Of autopsy	

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 W. Demko (M. D. or other)
Address 3450 Gravois Ave Date signed 3/24/48

(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 Robert C Wheeler

Licensed Embalmer No. 2188

P. O. Address St Louis Mo

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.