S. No. 300
M—10-47
v. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 19 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 38620

Registrar's No. 9764

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: Jewish Hospital
(If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County

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

(d) Street No. 1435 Arsenal
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME NATHAN 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 Married

6. (b) Name of husband or wife Dead Schneider

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years 50 Months Days If less than one day hr. min.

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

10. Usual occupation Presser

11. Industry or business

MOTHER FATHER

12. Name Pete Schnieder

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

14. Maiden name Jennie Buren

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

16. (a) Informant Albert Schneider

(b) Address 7721 Arthur

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-10-48 (Month) (Day) (Year)

(c) Place: burial or cremation Chevra Shel Emeth

18. (a) Signature of funeral director Reinhardt

(b) Address 5000 Enright

19. (a) NOV 10 1948 (Date received local registrar) (b) J. B. Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 9 year 1948 hour 12 minute 15 P.M.

21. I hereby certify that I attended the deceased from Nov. 8, 1948, to Nov. 9, 1948; that I last saw him alive on Nov. 9, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Intraventricular hemorrhage	14 hrs
Due to Hypertension and arterio-sclerosis	
Due to	
Other conditions Hypertensive arteriosclerotic cardio-vascular Disease (Include pregnancy within 3 months of death)	20 yrs

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

23. Signature Morris Alex M.D. (M. D. or other)

Address Jewish Hospital Date signed 11-9-48

(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 [signature]

Licensed Embalmer No. 3669

P. O. Address 5010 Enright

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.