

S. No. 30
M-10-47
v. 5-17-39
I 3905

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

38935

FILED DEC 4 1948
Registration District No. 3065

Primary Registration District No. 3065

State File No. _____
Registrar's No. 2560

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Glendale
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Oakland Park Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Maplewood
(If outside city or town limits, write "RURAL")
(d) Street No. 7630 West Bruno Ave
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary E. Schniedermeyer
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month November day 5th
year 1948 hour 10 minute 25 A.M.

4. Sex Female / 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Stephen Schniedermeyer 6. (c) Age of husband or wife if alive 81 years
7. Birth date of deceased 3/27/1869
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from September 9, 1948 to November 5, 1948
that I last saw him alive on _____ and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
79 7 8 hr. min.

Immediate cause of death Carcinoma of bladder with cerebral metastases
Due to 32 hr
Duration 3 yrs

9. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)
10. Usual occupation At Home

Other conditions Atherosclerosis
(Include pregnancy within 3 months of death)
Major findings: Of operations Ca. of bladder 7 years
Of autopsy _____

11. Industry or business _____
12. Name James Costello
13. Birthplace Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Elia Carroll
15. Birthplace Ireland
(City, town, or county) (State or foreign country)

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Grace Schniedermeyer
(b) Address 7630 West Bruno Ave
17. (a) Burial (b) Date thereof 11/8/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Robert J. Ambruster, Inc
(b) Address 6633 Clayton Road
19. (a) 11-6-48 (b) Paul A. [Signature]
(Date received local registrar) (Registrar's signature)

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 Lewis L. [Signature] (M. D. or other) MD
Address 823 Clayton Rd (17) Date signed 11/5/48

Dr. S. J. ... Rd
8231
3-5 P.M.

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 Ernest W. Spillers
Licensed Embalmer No. 4080
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.