

DEC 13 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

39388
Do not use this space.

791 2
1003 1

Registered No. 10375

1. PLACE OF DEATH

(a) County Registration District No.
(b) Township Primary Registration District No.
(c) City St. Louis, Mo. (d) Street No. 5537 Palm. St.
(e) Length of residence in city or town where death occurred 67 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Rose Schneeweiss.

(a) Residence, No. 5537 Palm. St. 6
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female. 4. COLOR OR RACE White. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Schneeweiss.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JAN 25 - 1870
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67- 9 11

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. At Home.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST. LOUIS MISSOURI

FATHER 13. NAME VALENTINE SCHWININGER
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

MOTHER 15. MAIDEN NAME SOPHIA STEIMEL
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY.

17. INFORMANT MARIE SCHNEWEISS
(ADDRESS) 5537 PALM ST.

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park Cemetery DATE Nov. 9th 1937

19. FUNERAL DIRECTOR C. R. Lupton & Sons.
(ADDRESS) 4449 Olive Street.

20. FILED NOV 8 1937 J. S. Bredek
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 6th 1937.
22. I HEREBY CERTIFY, That I attended deceased from July 13th 1927 to November 5th 1937
I last saw her alive on November 4th 1937. Death is said to have occurred on the date stated above, at 4:45 AM.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage (apoplexy) Nov 13-37
Other contributory causes of importance: 82

Name of operation None Date of
What test confirmed diagnosis? Chemical symptoms Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so; specify
(Signed) W. A. Finley M. D.
(Address) 1544 So. Broadway

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

9-10. 9-4. 7-8.
Ca # 2605.
15111 20 1300 + 11000 P.

STATEMENT BY LICENSED EMBALMER

I, J. J. Lepton, Licensed Embalmer No. # 2122

hereby certify that the body recorded on the reverse side of this certificate was embalmed by B. A. Miles

L. E.

No. 2901 or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed J. J. Lepton
Licensed Embalmer No. # 2122

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.)