

FEB 12 1938

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

205
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City **St. Louis, Mo** (d) Street No. **City Sanitarium** Registered No. **61**
 (e) Length of residence in city or town where death occurred **12 yrs. 5 mos. 10 ds.** (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 (If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME

Elizabeth Schneider 536
 (a) Residence, No. **4725 Hanover Ave** St. **St. Louis County Mo.**
 (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 **Theodore Schneider**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct. 1869**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
About 68 6 -

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housework**
 9. Industry or business in which work was done, as saw mill, bank, etc. **Housework**
 10. Date deceased last worked at this occupation (month and year) **1-1-35** 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis Missouri**

13. NAME **Augustino Schneider**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown Germany**

15. MAIDEN NAME **Mary**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis Missouri**

17. INFORMANT **Jordan Kelling M. D.**
 (ADDRESS) **5400 Arsenal St.**

18. BURIAL, CREMATION, OR REMOVAL
 PLACE **SS Peter & Paul** DATE **Jan. 5, 1938**

19. FUNERAL DIRECTOR **John L. Ziegenhein & Son**
 (ADDRESS) **7027 Gravois Avenue.**

20. FILED **JAN 3 1938** **J. Brudeck**
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan. 2/38** 19

22. I HEREBY CERTIFY, That I attended deceased from **1-1-35**, 19, to **Jan. 2/38**, 19

I last saw her alive on **Jan. 2/38**, 19. Death is said to have occurred on the date stated above, at **12.30 P.M.**

The principal cause of death and related causes of importance were as follows:

Broncho-pneumonia 12-27-37

Date of onset

Other contributory causes of importance:

Name of operation Date of
 What test confirmed diagnosis? 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?

If so, specify **Jordan Kelling** M. D.
 (Signed) **City Sanitarium**
 (Address) **St. Louis, Mo.**

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.

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STATEMENT BY LICENSED EMBALMER

I, Clarence P. Kidwell Licensed Embalmer No. 3877
hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself
L. E.
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.
Signed Clarence P. Kidwell
Licensed Embalmer No. 3877

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.)