

DEC 11 FEB 7 1939

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

3776
Do not use this space.

1. PLACE OF DEATH
 (a) County St. Louis Registration District No. 784
 (b) Township Clayton Primary Registration District No. 01 Registered No. 170
 (c) City Clayton or Clayton (d) Street No. St. Louis County Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Charles Schneedle
 (a) Residence, No. Crescent & Meramec Sta. Rd. Valley Park, Mo. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Pauline Schneedle

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 18, 1887

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
51 9 9

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Nil.

9. Industry or business in which work was done, as saw mill, bank, etc.

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 Co., Mo.

FATHER
 13. NAME Charles Schneedle
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bohemia

MOTHER
 15. MAIDEN NAME ?
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bohemia

17. INFORMANT wife, Pauline Schneedle
 (ADDRESS) cresent & Meramec Sta. Rd.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill Cem DATE 1/30/39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Schraeder Funeral Home
Ballwin, Mo.

20. FILED JAN 28 1939 T. K. Meyer, M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-27-39, 19

22. I HEREBY CERTIFY, That I attended deceased, from 1-24-39, 19, to 1-27-39, 19.
 I last saw him alive on 1-27-39, 19. Death is said to have occurred on the date stated above, at 11:55 P.M.
 The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage
Hypertension
 Date of onset 1/27/39

Other contributory causes of importance:

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

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 (Signed) James David M. D.
 (Address) St. Louis Co. Hospital

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.

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 *Theo. Schrader*

Licensed Embalmer No. *3066*

P. O. Address *Baltimore, Md.*

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, above space should be left blank.