

REG'D AUG 17 1939 791
Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH: 1003
(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 Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 50 yrs
years, months or days

3. (a) PRINT FULL NAME Louis Schneider 536
8. (b) If veteran, name war No 8. (c) Social Security No. 488-16-9591

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Irma Hilton Schneider 6. (c) Age of husband or wife if alive unk years
7. Birth date of deceased _____
(Month) (Day) (Year)

8. AGE: Years ab. 58 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation Overseer

11. Industry or business clothing cleaning

12. Name Peter Schneider

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

14. Maiden name Hannah (unk)

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

16. (a) Informant's own signature Mrs. Irma Schneider

(b) Address 851 Westgate

17. (a) burial (b) Date thereof 7/21/39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ChesedShelEmeth

18. (a) Signature of funeral director H. B. Berger

(b) Address 4715 McPherson

19. (a) JUL 20 1936 (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town University NR
(If outside city or town limits, write "RURAL")
(d) Street No. 851 Westgate
(If rural, give location)
(e) If foreign born, how long in U. S. A? 50 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month July day 19 year 1939 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from June 1 1939 to July 19 1939
that I last saw him alive on July 19 1939
and that death occurred on the date and hour stated above.

Immediate cause of death carcinoma of rt. lung
Duration 3mo.

Due to _____
Due to _____

Other conditions MI
(Include pregnancy within 5 months of death)

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? _____

While at work _____ (Specify type of place) (e) Means of injury 1
23. Signature L. E. Buchanan (M. D. or other) _____
Address 4500 Olive St. Date signed 7/20/39

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.....

HERBERT J. BERGER

Registered Apprentice No.

working under my personal supervision.

Signed.....

H. J. Berger

Licensed Embalmer No.

1597

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, above space should be left blank.