

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 1008 Primary Registration District No. _____ Registrar's No. 9145

1. PLACE OF DEATH:
 (a) County _____
 (b) City or town St Louis
 (c) Name of hospital or institution: 4446 North Broadway
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community 11 Years
 years, months or days (Specify whether)

3. (a) PRINT FULL NAME Fredericka Schneider 536
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife George 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Dec 28 1852
 (Month) (Day) (Year)

8. AGE: Years 86 Months 9 Days 26 If less than one day _____ hr. _____ min.

9. Birthplace New Orleans La.
 (City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

FATHER { 12. Name Daniel Witzler
 13. Birthplace _____
 (City, town, or county) (State or foreign country)
 MOTHER { 14. Maiden name Anna Unknown Germany
 15. Birthplace _____
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs C. Hany
 (b) Address 4446 North Broadway

17. (a) Burial (b) Date thereof Oct 26 1939
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Western Lutheran Cem

18. (a) Signature of funeral director Beiderwieden Funl Home Inc
 (b) Address 1936 St Louis Ave

19. (a) OCT 26 1939 (b) _____
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County _____
 (c) City or town St Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4446 North Broadway
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 24
 year 1939 hour 5:00 minute A M.

21. I hereby certify that I attended the deceased from Oct 19 1939
 to Oct 23 1939
 that I last saw her alive on Oct 23 1939
 and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure Duration _____

Due to _____
 Due to _____

Other conditions Chronic myocarditis
 (Include pregnancy within 3 months of death)
and Arterio-sclerosis

PHYSICIAN _____
 Underline the cause to which death should be charged statistically.
 Major findings: _____
 Of operations _____
 Of autopsy _____

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 William V. Jones (M. D. or other) MD
 Address 4511 N. 7th St. Date signed Oct 24 1939

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.....

Delia J. Kasper

Licensed Embalmer No.....

3297

P. O. Address.....

1936 St Louis

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.

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