

21 West M. Jones
3400 Meadmoor 82-18

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **10057**

Registration District No. **1000** Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town St Louis mo
(c) Name of hospital or institution: St Anthony Hospital
(d) Length of stay: In hospital or institution 11 days
In this community Life Time (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 1
(c) City or town St Louis mo
(d) Street No. 3739 9 Shreve
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Julia Schnieders
3. (b) If veteran, name war No
3. (c) Social Security No. 492-08-8388

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov day 23
year 1939 hour 10 minute 15 P.M.
21. I hereby certify that I attended the deceased from 10-21-39
to Nov. 23 1939
that I last saw her alive on Nov 23 1939
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (c) Age of husband or wife if alive none years
7. Birth date of deceased April 6 1880
(Month) (Day) (Year)

Immediate cause of death Reaction of Sigmoid (Colon)
Duration 1 wk

8. AGE: Years 59 Months 7 Days 18
If less than one day hr. _____ min.

Due to _____
Due to _____
Other conditions Cancer of Sigmoid
(Include pregnancy within 3 months of death)

9. Birthplace Florissant mo (City, town, or county) no (State or foreign country)

10. Usual occupation clerk

11. Industry or business Sacred Gas Light Co

12. Name Lucas Schnieders

13. Birthplace Hanover Germany

14. Maiden name Mary Waldmeyer

15. Birthplace St Charles mo

16. (a) Informant's own signature August Schnieder
(b) Address 3739 9 Shreve Ave St Louis mo

17. (a) Burial (b) Date thereof Nov. 27 1939
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director H. C. Ballmeyer
(b) Address St Charles mo

19. (a) NOV 25 1939 (b) J. B. Budick
(Date received local registrar) (Registrar's signature)

Major findings: metastases to glands
Of operations no
Of autopsy no

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 Walter M. Jones (M. D. or other) _____
Address 3400 Meadmoor Date signed _____

PHYSICIAN
Underline the cause to which death should be charged statistically

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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: Albert G. Loppin
Licensed Embalmer No. 2971
P. O. Address St Louis Mo

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.