DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JAN 12 1940

Registration District No. 791 ~~1008~~

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No.

State File No. 41260

Registrar's No. 10383

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: FIRMIN DESLOGE HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ~~1~~ 1 HR., 55 MIN
(Specify whether

In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 23
(If outside city or town limits, write "RURAL")

(d) Street No. 708½ Ann Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 35 Years years.

3. (a) PRINT FULL NAME LOUIS SCHNEIDER 536

3. (b) If veteran, name war

3. (c) Social Security No. 494-03-5059

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Anna Schneider

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased Aug. 31, 1890
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
49	3	2	hr. min.

9. Birthplace [illegible] (City, town, or county) Germany (State or foreign country)

10. Usual occupation Watchman

11. Industry or business Car Shop

FATHER
12. Name Joseph Schneider
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant's own signature Anna Schneider
(b) Address 708½ Ann Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 6, 1939 (Month) (Day) (Year)
(c) Place: burial or cremation S.S. Peter and Paul Cm.

18. (a) Signature of funeral director Weick Bros Und. Co
(b) Address 2201 S. Grand Bl.

19. (a) DEC 4 1939 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DECEMBER day 1
year 1939 hour 12 minute 55 P.M.

21. I hereby certify that I attended the deceased from JULY 1, 1937, to DECEMBER 1, 1939; that I last saw him alive on DECEMBER 1, 1939; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death ANGINA PECTORIS	UNCERTAIN
Due to ARTERIOSCLEROSIS OF CORONARY ARTERIES	UNCERTAIN
Due to ARTERIOSCLEROTIC CARDIO-VASCULAR-RENAL DISEASE	UNCERTAIN
Other conditions SMALL ABSCESS, RT. AXILLA. (Include pregnancy within 3 months of death)	UNCERTAIN

Major findings: Of operations NONE.

Of autopsy OLD INFARCTION, ANT. HEART MUSCLE, NARROWED CORONARIES, CARDIAC HYPERTROPHY; ABSCESS, AXILLA.

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) No.
(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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Henry E. Oppenheimer (M. D. or other) MD
Address 1325 SOUTH GRAND BLVD Date signed 12/2/39

(Licensed Embalmer's Statement on Reverse Side)

WHITE PAPER—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.

I X1951

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 Harry Allewart

Licensed Embalmer No. 3722

P. O. Address 412 Duchouquette St.

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.