

Registration District No. 791 Primary Registration District No. _____

1. PLACE OF DEATH: 1008
(a) County _____ 2
(b) City or town St. Louis
(c) Name of hospital or institution: 1019 Fairmont Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
Unknown (Specify whether years, months or days)

8. (a) PRINT FULL NAME Wendel Schneider 536
8. (b) If veteran, name war None 8. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Marie Schneider (deceased) 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 22, 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 8 20 hr. _____ min.

9. Birthplace Germany (City, town, or county) (State or foreign country)
10. Usual occupation Lynotype operator
11. Industry or business Retired
12. Name Unknown
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Maria A Schwing
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs Elsie Guetebier
(b) Address 1019 Fairmont
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/13/40 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cemetery
18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave

19. (a) JAN 13 1940 (Date of burial or cremation) (b) J. B. Brubaker (Signature of embalmers)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis 4
(If outside city or town limits, write "RURAL")
(d) Street No. 1019 Fairmont Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 11
year 1940 hour 5:30 A M minute _____ M.
21. I hereby certify that I attended the deceased from Aug 31 - 39
JAN 11 to JAN 11, 1940
that I last saw him alive on Dec 19 40, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration For years
Due to _____
Due to _____
Other conditions Chronic Interstitial nephritis
(Include pregnancy within 3 months of death)
Arterio Sclerosis
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 _____
23. Signature Peter Beck M.D. (M. D. or other)
Address 4701 St Louis Ave Date signed 1/13/40

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 *William G. Bushhol*

Licensed Embalmer No. *2110*

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.