

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.

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 4072

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: DePauls Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community 57 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town Pine Lawn Road NR
(If outside city or town limits, write "RURAL")
 (d) Street No. 4218 Jennings Road
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5th,
 year 1940 hour 7.30 minute A. M.

21. I hereby certify that I attended the deceased from April 9,
 1940 to May 4, 1940
 that I last saw him alive on May 7, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death: Gangrenous appendicitis
 Due to: Peritonitis Who
 Due to: _____
 Other conditions: _____
(Include pregnancy within 5 months of death)
 Major findings: Gangrenous appendicitis, peritonitis
 Of operations: _____
 Of autopsy: _____

Duration

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 Oliver J. J. J. (M. D. or other) M.D.
 Address 3500 N. Grand Date signed 5.6.40

3. (a) PRINT FULL NAME Michael Schneider 536

3. (b) If veteran, name war _____ 3. (c) Social Security No. 492-03-2845

4. Sex Male 5. Color or race W. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Charlotte Schneider 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Nov. 26th. 1882
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>57</u>	<u>5</u>	<u>9</u>	hr. _____ min.

9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Foreman

11. Industry or business Wagner Electric Co.

12. Name Michael Schneider

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

14. Maiden name Dont Know

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

16. (a) Informant's own signature Mrs. Charlotte Schneider
 (b) Address 4218 Jennings Road.

17. (a) Burial (b) Date thereof 5-8-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Lebanon Cem.

18. (a) Signature of funeral director Puroit Mcd Co.

(b) Address 3710 N. Grand Blvd.

19. (a) MAY 6 1940 (b) J. H. J.
(Date received local registrar) (Registrar's signature)

C. A. Jost
3500 N. Grand
1-3

In. 4474

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 Me

....., Registered Apprentice No.
working under my personal supervision.

Signed R. A. Smithers

Licensed Embalmer No. 3916

P. O. Address 3710 N. Grand Blvd.

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.