

Registration District No. 7900, 5762 Primary Registration District No. 1003

1. PLACE OF DEATH:  
(a) County 1  
(b) City or town \_\_\_\_\_  
(c) Name of hospital or institution: BARNES HOSPITAL  
(If outside city or town limits, write "RURAL" and name of township)  
(d) Length of stay: In hospital or institution 14 days  
(Specify whether years, months or days) 21

3. (a) PRINT FULL NAME HARRY SCHNEIDER  
3. (b) If veteran, name war - 3. (c) Social Security No. -

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Mr. Sarah Schneider  
6. (c) Age of husband or wife if alive 22 years (Month) (Day) (Year) 1878

7. Birth date of deceased Aug 22 1878  
(Month) (Day) (Year)

8. AGE: Years 61 Months 9 Days 19 If less than one day hr. min.

9. Birthplace Russia  
(City, town, or county) (State or foreign country)

10. Usual occupation merchant

11. Industry or business Shoes

12. Name Menaschi Schneider

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

14. Maiden name Rachel Masna

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

16. (a) Informant's own signature H. Lawrence Schneider  
(b) Address 626 - East Gate

17. (a) Burial (b) Date thereof June 10 - 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Chesed Shel Smith

18. (a) Signature of funeral director W. Schaeffer  
(b) Address 4469 Washington Blvd  
19. (c) JUN 10 1940 (Date received local registrar) (d) J. J. Schaeffer (Signature of Registrar)

2. USUAL RESIDENCE OF DECEASED:  
(a) State MISSOURI (b) County Schouls  
(c) City or town St. Louis NR  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6414 CATES  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? 36 years

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month JUNE day 9  
year 1940 hour 1 minute 10 P. M.

21. I hereby certify that I attended the deceased from MAY 26, 1940 to JUNE 9, 1940  
that I last saw him alive on JUNE 9, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death CARCINOMA OF LUNG - Duration 10 MO.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations CARCINOMA - LUNG -

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? 544

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Henry Hoffner (M. D. or other) MD.  
Address BARNES HOSPITAL Date signed 6-9-40

PHYSICIAN  
Underline the cause to which death should be charged statistically

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.

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**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.

*Jack Embalmer*

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.**