

No. 2
-13-40
17-39
X23139

Registration District No.

Primary Registration District No. **1003**

Registrar's No. **7842**

FILED OCT 7 1940

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

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution:
Alexian Brothers Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1 day**
(Specify whether years, months or days)

In this community **35 years**

3. (a) PRINT FULLNAME **John Schneider Sr.**

3. (b) If veteran, name war _____

3. (c) Social Security No. **488-03-1199**

4. Sex **Male**

5. Color or race **White**

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

6. (b) Name of husband or wife **Rose Schneider**

6. (c) Age of husband or wife if alive **59** years

7. Birth date of deceased **January 26, 1876**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
64	7	23	hr. _____ min. _____

9. Birthplace **Unknown** **Germany**
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

11. Industry or business **Huber Ink Company**

12. Name **Unknown**

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

14. Maiden name **Unknown**

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

16. (a) Informant **John Schneider**

(b) Address **1865 S. 11th St.**

17. (a) **Burial**
(Burial, cremation, or removal)

(b) Date thereof **9/21/40**
(Month) (Day) (Year)

(c) Place: burial or cremation **N. S.S. Petery & Paul**

18. (a) Signature of funeral director **Wacker - Weidert**

(b) Address **2331 S. Broadway**

19. (a) **SEP 20 1940**
(Date received local registrar)

(b) **J. B. Buddeck**
(Signature of embalmers)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____

(c) City or town **St. Louis** **24**
(If outside city or town limits, write "RURAL")

(d) Street No. **2841 S. 3rd St.**
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **19** year **1940** hour **3** minute **a.** M.

21. I hereby certify that I attended the deceased from **July 1st** 1940, to **Sept 19, 1940**; that I last saw him alive on **Sept 18** 1940 and that death occurred on the date and hour stated above.

Immediate cause of death **Shock** **2 hrs**

Due to **Gastric hemorrhage** **3 days**

Due to **Gastric carcinoma** **1 yr**

Other conditions **Anemia**
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:
Of operations _____

Of autopsy **Gastric carcinoma with perforating ulcer**

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?
While at work
(Specify type of place) (e) Means of injury: _____

23. Signature: **J. E. Denev** **MD**
(M.D. or other)

Address **7707 W. Broadway** Date signed **9/19/40**

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..... *Frank J. Wyland.*

Licensed Embalmer No..... *2645*

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, fact should be so stated above.