

No. 2
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17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JAN 25 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

43707

State File No. _____

Registration District No. 760 B

Primary Registration District No. 6001

Registrar's No. 127

1. PLACE OF DEATH:

(a) County St. Charles

(b) City or town Rural (Random)
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days) 2

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis

(c) City or town Chesterfield
(If outside city or town limits, write "RURAL") Mo

(d) Street No. _____
(If rural, give location) 0

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

3. (a) PRINT FULL NAME Roger 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 Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____ years

7. Birth date of deceased: Feb 28 1937
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>3</u>	<u>9</u>	<u>14</u>	hr. _____ min. _____

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

10. Usual occupation _____

11. Industry or business _____

12. Name Henry G. Schneider

13. Birthplace East St. Louis Ill.
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Fletcher

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

16. (a) Informant H. G. Schneider

(b) Address Chesterfield Mo

17. (a) Burial (b) Date thereof Dec 14 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Monica

18. (a) Signature of funeral director Dr. B...

(b) Address 2304 Woodson Rd. Platteville Mo

19. (a) Dec 14 1940 (b) E. A. Kautsky
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 12 year 1940 hour 9 minute H.M.

21. I hereby certify that I attended the deceased from Coroner's Case, 19____; that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Compound fracture of skull

Due to accident

Other conditions (Include pregnancy within 3 months of death) YIP R

Major findings: Of operations none Of autopsy none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify) Automobile accident

(b) Date of occurrence Dec 12 1940

(c) Where did injury occur? Hunting & Charles Co Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 62 County road Fall out of auto
While at work? _____ (Specify type of place) (e) Means of injury auto

23. Signature J. P. Erich Schulz (M. D. or other) Dr. Charles H. Corner
Address _____ Date signed 12/14/40

Duration _____
Underline the cause to which death should be charged statistically.

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

Handwritten scribbles

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.....

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, fact should be so stated above.