

~~FILED~~ FEB 25 1941

Registration District No. \_\_\_\_\_

Primary Registration District No. **1003**

Registrar's No. **883**

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:  
**2223 McNair Ave.**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**

(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL") **2317**

(d) Street No. **2223 McNair Ave.**  
(If rural, give location) **9**

(e) ~~If foreign born, how long in U.S. \_\_\_\_\_~~ **25** years. **0**

3. (a) PRINT FULL NAME **PAULA SCHNEIDERHEINZE**

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **26th**  
year **1941** hour **9** minute **A. M.**

4. Sex **Female** 5. Color or race **White**

6. (a) Single, widowed, divorced, **Widowed**

6. (b) Name of husband or wife **Pelix**

6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
(Day) (Year)

7. Birth date of deceased **January 4 1893**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_; that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<b>48</b>	<b>-</b>	<b>22</b>	hr. _____ min.

Immediate cause of death  
**Chronic Myocarditis  
Chronic Entertitis Nephritis**

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

10. Usual occupation **At Home**

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

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

Other conditions **131**  
(Include pregnancy within 3 months of death)

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **Hy. Hunger**

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

14. Maiden name **Unknown**

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

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant **Arnold W. Harder**

(b) Address **5737 Landsdowne Ave.**

17. (a) **Burial** (b) Date thereof **Jan. 29, 1941**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New St. Marcus Cemetery**

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? \_\_\_\_\_

18. (a) Signature of funeral director **J. H. Hebbken Dir. & Und. Co.**

(b) Address **2630 Gravois Ave.**

19. (a) **JAN 27 1941** (b) **J. T. Predeck**  
(Date received local registrar) (Registrar's signature)

While at work \_\_\_\_\_  
(Specify type of place) (or) Manner of injury **3**

23. Signature **Alfred Person** M. D. or other \_\_\_\_\_  
Address **Coroner's Office** Date signed **1/27/41**

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

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

Signed Herman A. Gubken

Licensed Embalmer No. 2120  
2842 Meramec St.  
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.**