

FILED MAY 14 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

15075

State File No. _____

Registration District No. 760 B

Primary Registration District No. 6001

Registrar's No. 138

1. PLACE OF DEATH:

(a) County St Charles Co Mo.
(b) City or town O'FALLON RURAL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Wardman
(If not in hospital of institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____
years, months or days

3. (a) PRINT FULL NAME INFANT SCHNEIDER

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced X O

6. (b) Name of husband or wife GEO. J. SCHNEIDER 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased APRIL 12 1941
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 1 DAY hr. _____ min. _____

9. Birthplace O'FALLON MO
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name GEO. J. SCHNEIDER

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

14. Maiden name ROSE MARIE KONIGER

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

16. (a) Informant GEO. J. SCHNEIDER

(b) Address O'FALLON MO

17. (a) BURIAL (b) Date thereof 4-14-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation O'FALLON MO

18. (a) Signature of funeral director Edwards

(b) Address Orleans Mo.

19. (a) 4-14-41 (b) E. A. Kethley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County ST CHARLES
(c) City or town O'FALLON RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13
year 1941 hour 9 minute P. M.

21. I hereby certify that I attended the deceased from _____ 19 _____ to _____ 19 _____

that I last saw him alive on April 13 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia

Due to Premature birth

Due to _____

Other conditions (Include pregnancy within 3 months of death) 154

Major findings: Of operations _____

Of autopsy _____

Duration 5 hrs.

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? 652

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

23. Signature Michael J. Knoch (M. D. or other) _____

Address O'Fallon, Mo Date signed 4/14/41

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

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, above space should be left blank.