

FILED SEP 17 1941

Registration District No. 791

Primary Registration District No. 1003

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: CHRISTIAN Hosp.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 Day 0  
(Specify whether years, months or days) 50 Yr.

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS  
(c) City or town BLACK JACK MO R 1  
(If outside city or town limits, write "RURAL")  
(d) Street No. FLORISSANT STATION R. 1  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME T. RED W. SCHNEIDER

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

7. Birth date of deceased. JAN. 6 1891  
(Month) (Day) (Year)

8. AGE: Years 50 Months 7 Days 6 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Black Jack Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation GARDNER

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

12. Name CHARLES SCHNEIDER

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

14. Maiden name ANN ROSENBERG

15. Birthplace ST. LOUIS Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Henry Schneider

(b) Address Black Jack Mo.

17. (a) BURIAL (b) Date thereof AUG. 14 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SALEM LUTHER. CEM.

18. (a) Signature of funeral director Friedrich Funeral Home

(b) Address 8319 Halle Berry Rd.

19. (a) AUG 13 1941 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG day 12  
year 1941 hour 1 minute 15 A.M.

21. I hereby certify that I attended the deceased from Aug 8, 1941, to Aug 12, 1941  
that I last saw him alive on Aug 11, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration \_\_\_\_\_  
Soft-sided Hemiplegia

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

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

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

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

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

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? \_\_\_\_\_

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

23. Signature John R. Morris (M. D. optional)

Address 18209 1/2 Lombard Date signed Aug 12 1941

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

FORM 1 11-31-41

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.

**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 Arthur P. Friedrich

Licensed Embalmer No. 355-6

P. O. Address: St. Louis City

**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.