S. No. 2
—11-10-39
v. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11805

FILED APR 22 1942

Registration District No. 6001 Primary Registration District No. 6001 Registrar's No. 162

1. PLACE OF DEATH:
(a) County St. Charles
(b) City or town ~~St. Peters~~
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: home / Bardenne Lwy
(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) In this community life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Charles
(c) City or town St. Peters
(If outside city or town limits, write "RURAL")
(d) Street No. none
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Mary Elizabeth Schneider
3. (b) If veteran, name war ____ 3. (c) Social Security No. ____
4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Nicholas 6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased November (Month) II (Day) 1873 (Year)
8. AGE: Years 68 Months 4 Days 8 If less than one day ____ hr. ____ min.
9. Birthplace St. Peters, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business ____
FATHER 12. Name Jacob Fetsch
13. Birthplace unknown (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Haas
15. Birthplace unknown (City, town, or county) (State or foreign country)
16. (a) Informant Nicholas Schneider
(b) Address St. Peters, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-23-42 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters, Mo.
18. (a) Signature of funeral director Geo. Stiefvater
(b) Address St. Peters, Mo.
19. (a) Mch 23-42 (Date received local registrar) (b) E. A. Kerley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19th year 1942 hour II minute 15 P.M.
21. I hereby certify that I attended the deceased from July, 1936, to March 19, 1942, that I last saw her alive on March 19, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Acute tracheo-bronchitis — unable to determine cause, organism 2 wks
Due to ____
Due to ____
Other conditions (Include pregnancy within 3 months of death) Chronic myocardial degeneration, Pulmonary edema
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? ____ (Specify type of place)
While at work? ____ (e) Means of injury ____
23. Signature Vincent A. Schneider (M. D. or other) MD
Address St. Charles, Mo. Date signed 3/21/42

(Licensed Embalmer's Statement on Reverse Side)

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 E A Keithly

Licensed Embalmer No. 822

P. O. Address Fallon 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, above space should be left blank.