

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 23 1942 318

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

29170

State File No.

Registrar's No. **7571**

Registration District No.

Primary Registration District No.

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:
3926 Arsenal Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community **Life**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County.....
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **3926 Arsenal St.**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Sarah Jane Schneblin**

3. (b) If veteran, name war..... 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced..... **Married**

6. (b) Name of husband or wife **Paul A. Schneblin** 6. (c) Age of husband or wife if alive **78** years

7. Birth date of deceased **May 31 1866**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	76	3	10	hr. min.

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

10. Usual occupation **Home**

11. Industry or business

12. Name **Thomas McEntee**

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

14. Maiden name **Anna Manion**

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

16. (a) Informant **Paul A. Schneblin**

(b) Address **3926 Arsenal St**

17. (a) **Burial** (b) Date thereof **9/12/42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Arthur Helms and Co**

(b) Address **3634 Grays Ave**

19. (a) **SEP 11 1942** (b) **J. F. Brudek**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **10** th. year **1942** hour **1** minute **20** A.M.

21. I hereby certify that I attended the deceased from **July 26 1942** to **Sept 10 1942**; that I last saw him alive on **Sept 9 1942**; and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis** **2 yr.**

Due to **Atherosclerosis** **5-7 yr.**

Due to

Other conditions **Diabetes Mellitus**
(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 **A. P. Shuffler** (M. D. overruler).....

Address **1020 Mo. Theatre Bldg. St. Louis** Date signed **9-11-42**

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.....

Robert C. White

Licensed Embalmer No.

2128

P. O. Address.....

St Louis

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.