

S. No. 2
DM-542
v. 5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35880

State File No.

FILED NOV 23 1942
Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **9606**

1. PLACE OF DEATH:

(a) County.....

(b) City or town **St. Louis Mo.**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Lutheran Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1 Day**
(Specify whether)

In this community.....
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. **3221 A Cherokee St.**
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **MINNIE 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 **Rudolf Schneider**

6. (c) Age of husband or wife if alive **75** years

7. Birth date of deceased **Feb 18th 1870**
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **17**
year **1942** hour **7 20 A.M.** minute..... M.

21. I hereby certify that I attended the deceased from **Nov 7-1942**
....., 19....., to **Nov 17**, 19.....

that I last saw him..... alive on **Nov 17**, 19.....
and that death occurred on the date and hour stated above.

8. AGE: Years **72** Months **8** Days **30** hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business **At Home.**

12. Name **John Hager**

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

14. Maiden name **Josephine Winter**

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

16. (a) Informant **Rudolph Schneider**
(b) Address **3221 A Cherokee St.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Nov 19/42**
(Month) (Day) (Year)

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

18. (a) Signature of funeral director **St. Louis & Son**
(b) Address **2906 Gray's Ave.**

19. (a) **NOV 18 1942** (Date received local registrar) (b) **J. F. Biedeck** (Registrar's signature)

Immediate cause of death
Empyema ch. hepatis
A myocardial infarction

Due to.....

Due to.....

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

Major findings:
Of operations.....

Of autopsy.....

Duration
.....

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 **R. Berg** (M. D. or other)
Address **2253 Webster** Date signed **11/17/42**

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

MOTHER FATHER

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 *David Van Fossan*.....

Licensed Embalmer No. *4242*.....

P. O. Address *2906 Grand*.....

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.