

ED JUN 4 1943 318

Registration District No. _____ Primary Registration District No. **1003**

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

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:
Pronounced dead at Jefferson Hotel
(If not in hospital or institution, write street number and location)

(d) Length of stay: In hospital or institution _____
(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. 2191a Linton Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME William H. Schneider

MEDICAL CERTIFICATION

3. (b) If veteran, name war World War #1 3. (c) Social Security No. 489-01-1314

20. DATE OF DEATH: Month May day 15
year 1943 hour 10 minute 56 AM

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

6. (b) Name of husband or wife Marie Schneider 6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased Oct. 23. 1897
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw h_____ alive on _____, 19____; and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>45</u>	<u>6</u>	<u>22</u>	_____ hr. _____ min.

Immediate cause of death _____
Coronary Heart Disease

Due to _____

Due to _____

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

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

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

10. Usual occupation Sales Manager

11. Industry or business Jefferson Hotel

12. Name Mathias Schneider

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

14. Maiden name Mary Nieman

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

16. (a) Informant Mrs. Marie Schneider
(b) Address 2191a Linton Ave.

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 Thomas J. Callahan (M. D. or other)
Address Deputy Coroner Date signed 5-17-43

17. (a) Burial (b) Date thereof 5-18-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Belvoir Cpu

18. (a) Signature of funeral director _____
(b) Address 2117 E. Grand Blvd.

19. (a) MAY 1 1943 (Date received local registrar) J. J. Buscek (Registrar's signature)

MAY 1 1943

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 Frank A. Poirie

Licensed Embalmer No. 3041

P. O. Address 2117 E. Main

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.