

FILED JUL 24 1943  
Registration District No. **318**

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:  
Enroute to Lutheran Hospital 3  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community 50 years  
years, months or days)

3. (a) PRINT FULL NAME Mr. Joseph Schneider

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

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

6. (b) Name of husband or wife Mrs. Agnes Schneider 6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased March 17, 1893  
(Month) (Day) (Year)

8. AGE: Years 50 Months 3 Days 23 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Boiler Maker

11. Industry or business Boiler Industry

12. Name Charles Schneider

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

14. Maiden name Anna Krejci  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Agnes Schneider

(b) Address 3515a Illinois

17. (a) Burial (b) Date thereof July 13, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director Beiderwieden F. H. Inc.

(b) Address 1936 St. Louis Avenue

19. (a) JUL 19 1943 (b) J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17  
(c) City or town St. Louis 924  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3515a Illinois  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10  
year 1943 hour 5 minute 00 P. M.

21. I hereby certify that I attended the deceased from July 10, 1943  
to July 10, 1943  
that I last saw him alive on July 10, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy

Due to Hypertension

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

Other conditions. (Include pregnancy within 3 months of death) GA 12

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

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

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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 Polio

23. Signature Polio (M. D. or other) 0  
Address 366 S. 19th roadway Date signed 7-12-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

AUG 6 1948

Dr. Robt O. Urban  
3665 So Broadway

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.....

*Matt J. Mc Mahon*

Registered Apprentice No. *352*

working under my personal supervision.

Signed *Felix J. Krispin*

Licensed Embalmer No. *3497*

P. O. Address *1936 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.