

FILED AUG 18 1943 818

Registration District No. 818

Primary Registration District No. 1003

Registrar's No. 7143

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:  
Faith Hospital  
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000  
176

(c) City or town St. Louis  
96  
(If outside city or town limits, write "RURAL")

(d) Street No. 5344 Patton Ave.  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Carl Schneider

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife Rose Schneider 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Mar. 6 1872  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

71	4	28	hr. _____ min.
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9. Birthplace Germany  
(City, town, or county) (State or foreign country)

10. Usual occupation Chauffeur

11. Industry or business Retired

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Chester Schneider

(b) Address 5344 Patton Ave.

17. (a) Burial (b) Date thereof 8-7-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Lebanon Cem.

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1905 Union Blvd.

19. (a) AUG 7 1943 (b) J. F. Budesh  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 4  
year 1943 hour 5 minute 20 P. M.

21. I hereby certify that I attended the deceased from July 29<sup>th</sup>, 1943, to Aug. 4<sup>th</sup>, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia bilaterally, macrolated and quiescentia  
Due to chronic nephritis general arterio-sclerosis  
Due to \_\_\_\_\_

Other conditions hypertension  
(Include pregnancy within months of death)

Major findings: Of operations None on above  
Of autopsy yes

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 J. P. Murphy (M. D. or other) \_\_\_\_\_  
Address 616 No. Kingsbury St. L. Mo. Date signed \_\_\_\_\_

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

2616 N Kingsbury  
about 12 noon

**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 Warren A. Carver

Licensed Embalmer No. 3534

P. O. Address.....

**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.**