

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7844

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:
3625 Chippewa
(If not in hospital or institution, write street number or 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. 3625 Chippewa
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Joseph T. Schneider
3. (b) If veteran, name war X 3. (c) Social Security No. X

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Elise 6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased December 30, 1851
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
91 7 29 hr. _____ min.

9. Birthplace Oberbrechen Germany 4
(City, town, or county) (State or foreign country)

10. Usual occupation Retired builder

11. Industry or business _____

MOTHER FATHER { 12. Name Josef Schneider
13. Birthplace Oberbrechen Germany 4
(City, town, or county) (State or foreign country)
14. Maiden name Anna Trost
15. Birthplace Oberbrechen Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Erwin Schneider

(b) Address 8015 Grandview Drive

17. (a) burial (b) Date thereof 9/1/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles Cem

18. (a) Signature of funeral director J L Ziegenhein & Sons

(b) Address 7027 Gravois

19. (a) SEP 1 1943 J. F. Budeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 29 day Aug
year 1943 hour 2 minute 19 M.
21. I hereby certify that I attended the deceased from Aug. 18, 1943 to Aug 27, 1943
that I last saw him alive on Aug 27, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis
Ischemia

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Jo. G. Givens (M. D. or other) _____
Address 5521 S. Parkway Date signed 9/3/43

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 W E Morris

Licensed Embalmer No. 3360

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.