S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 27 1943

318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

1003

State File No. 33522

Registration District No.

Primary Registration District No.

Registrar's No. 9172

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: City Infirmary 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 Years (Specify whether
In this community 64 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis. 0 13
(If outside city or town limits, write "RURAL")

(d) Street No. 5800 Arsenal, St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME SCHNEIDER, OSCAR.

3. (b) If veteran, name war Not known

3. (c) Social Security No. -

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Divorced 3

6. (b) Name of husband or wife Not known

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

7. Birth date of deceased 5 (Month) 12 (Day) 1775 (Year)

8. AGE: Years 68 | Months 5 | Days 5 | If less than one day hr. min.

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

10. Usual occupation Brewer

11. Industry or business

FATHER
12. Name Louis Schneider
13. Birthplace Germany (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Bertha Lutherer
15. Birthplace Germany (City, town, or county) 4 (State or foreign country)

16. (a) Informant William Windsheimer

(b) Address 5800 Arsenal St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/14/43 (Month) (Day) (Year)

(c) Place: burial or cremation New St Marcus

18. (a) Signature of funeral director W. Schumacher

(b) Address 3013 Meramec

19. (a) OCT 18 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 17, year 1943 hour 8:15 minute P. M.

21. I hereby certify that I attended the deceased from August 6, 1943, to October 17, 1943 that I last saw Him alive on October 17, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion — Duration 3 mo.

Due to Arteriosclerosis — several years

Due to

Other conditions Epilepsy, Parkinsonism — several years
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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 M. Hyn. Kornitz (M. D. or other) M.D.

Address 5800 Arsenal Date signed 10/18/43

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 2906

P. O. Address 3013 Murano

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.