S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 29 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36909

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10111

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:
St. John's Hospital
(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 Mo. (b) County St. Louis

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

(d) Street No. 10341 Manchester Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME Henry H. Schneiderjon

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Late Christine Schneiderjon

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

7. Birth date of deceased Feb. (Month) 22nd (Day) 1874 (Year)

8. AGE: Years 69 Months 8 Days 26 If less than one day hr. min.

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

10. Usual occupation Telegrapher retired 3ys

11. Industry or business Illinois Central R.R.

FATHER
12. Name Herman Schneiderjon
13. Birthplace (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Mary Kabbes
15. Birthplace (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Kenneth Schneiderjon
(b) Address 6259 Delor St.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-19-43 (Month) (Day) (Year)
(c) Place: burial or cremation Neoga Illinois

18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway Blvd.

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 17th year 1943 hour 7 minute P.M. M.

21. I hereby certify that I attended the deceased from Oct, 1942, to 11-17, 1943
that I last saw him alive on 11-17, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary infarct from thrombosis right pulm artery. — Duration 10 days.

Due to Hypertensive - arteriosclerotic heart disease — 10 yrs.

Due to

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy None

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 John J. Hammond (M. D. or other) M-D
Address 634 N. Grand Date signed 11/18/43

(Licensed Embalmer's Statement on Reverse Side)

Wm J. D. Hammond
Sus Bldg 3-2

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 Richard W. Stouesand

Licensed Embalmer No. 4007

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.