

Registration District No. _____ Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital
Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 22 days
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4043 Penrose Str
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Joseph SCHNIEDERMAYER
3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Emma Schniedermeyer 6. (c) Age of husband or wife if alive Dead years
7. Birth date of deceased March 19 Th 1865
(Month) (Day) (Year)

8. AGE: 78 Years Months Days If less than one day
78 ----- 10 - 22 - .hr. min.

9. Birthplace St. Louis (City, town, or county) (State or foreign country) 0
10. Usual occupation Retired Furniture Worker

11. Industry or business _____
12. Name Joseph Schniedermeyer
13. Birthplace Germany (City, town, or county) (State or foreign country) 4
14. Maiden name Not known
15. Birthplace Germany (City, town, or county) (State or foreign country) 4

16. (a) Informant Anna Roselauf
(b) Address 5981 Cotebrilliant Ave 1944
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 14 Th
(Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Edward Koch
(b) Address 3516 N 14 Th str
19. (a) FEB 11 1944 (Date received local registrar) J. F. Brueck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 10th
year 1944 hour 7:40 minute A.M.
21. I hereby certify that I attended the deceased from Jan. 20th
1944, to Feb. 10th 1944
that I last saw him alive on Feb. 10th 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis
Heart Disease
Due to _____
Due to _____
Other conditions _____
(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?
While at work? _____ (Specify type of place) (c) Means of injury 0
23. Signature L. Knevezhoff (M. D. or other) 2/11/44
Address 1515 Lafayette Date signed _____

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

Harry J. Schenck
Licensed Embalmer No. *2679*

P. O. Address

732 Remondy

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.