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v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 30 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36383

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 9918

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: 5081 Vernon (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 1 Mo. 28 Days 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") 17
(d) Street No. 5081 Vernon, (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Karl William Fredrick Schneider

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased September (Month) 22 (Day) 1944 (Year)

8. AGE: Years	Months	Days	If less than one day
---	1	28	hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation None

11. Industry or business None

FATHER
12. Name Robert William Schneider
13. Birthplace Alton (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Winifred Westover
15. Birthplace Alton (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Mrs. Robert W. Schneider
(b) Address 5081 Vernon, St. Louis, Mo.

17. (a) Buried (Burial, cremation, or removal) (b) Date thereof Nov. 24, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Alton, Illinois

18. (a) Signature of funeral director Robert H. Streeper
(b) Address 2521 Edwards St. Alton, Ill.

19. (a) NOV 30 1944 (Date received by local registrar) (b) J. F. Broderick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 20 year 1944 hour 9 minute 30 M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxiation
Status Thymico Lymphaticus

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

64

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? (Specify type of place)
While at work? (e) Means of injury 3

23. Signature Alfred J. Perry (M. D. or other)
Address Date signed 11/24/44

(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~~ .....

Robert H. Streeper, Registered Apprentice No. .....,

working under my personal supervision.

Signed Robert H. Streeper

Licensed Embalmer No. 2474

P. O. Address Alton Ill.

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.