

FILED JUN 19 1945 318

Registration District No. Primary Registration District No. **1003**

Registrar's No. **5124**

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. Johns Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days
(Specify whether years, months or days)

In this community Since Birth
(Specify whether 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. 4705 Anderson Ave
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME BERTHA SCHNEIDER

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8
year 1945 hour 9 minute 10 AM M.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Andrew Schneider

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

7. Birth date of deceased June 28, 1866
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 5/28/45, 19____, to 6/8/45, 19____;
that I last saw him alive on 4/8/45, 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years 78 Months 11 Days 11 If less than one day _____ hr. _____ min.

Immediate cause of death Brain tumor metastatic carcinoma

Due to _____

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

10. Usual occupation At Home

Due to Carcinoma of parathyroid gland

Other conditions _____
(Include pregnancy within 3 months of death)

11. Industry or business _____

12. Name Fidel Buechel

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

14. Maiden name Elizabeth Wagoner

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

Major findings: Of operations 55

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Bertha Kiel

(b) Address 4705 Anderson Avenue

17. (a) Burial (b) Date thereof 6/12/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hiram Park Cemetery

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? _____

18. (a) Signature of funeral director Math. Hermann & Son

(b) Address 2161 East Fair Avenue

19. (a) JUN 11 1945 J. F. Buechel
(Date received local registrar) (Registrar's signature)

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

23. Signature W. F. Fink (M. D. or other) _____
Address Humboldt, Mo. Date signed 6/9/45

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 William G. Buckholz
Licensed Embalmer No. 2160
P. O. Address St. Louis, Mo.

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.