V. S. No. 2
00M—2-43
Rev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 23 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24931

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 1872

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Rural - Gravois.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
9010 Eden Ave., Affton. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Life.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 9010 Eden Ave., Affton, Mo.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Emelia E. Detjen

3. (b) If veteran, name war ..... 3. (c) Social Security No. .....

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed.

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

7. Birth date of deceased Dec. 2nd, 1867.
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
77	7	13	..... hr. ..... min.

9. Birthplace Oakville, Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business .....

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

MOTHER
14. Maiden name ------
15. Birthplace ------ 0
(City, town, or county) (State or foreign country)

16. (a) Informant Fred C. Schneeberger
(b) Address # 1 Briar Oak, Clayton Mo.

17. (a) Burial (b) Date thereof 7/18/45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director J. L. Ziegenhein & Sons
(b) Address 7027 Gravois Ave.,

19. (a) 7-19-45 (b) E. G. McGannon M.D.
(Date received local registrar) (Registrar's signature) MSC

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15th, year 1945. hour 10 minute 50 P. M.

21. I hereby certify that I attended the deceased from April 15, 1941, to July 15, 1945; that I last saw her alive on July 15, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Diabetes Mellitus -	5 yrs
Due to 61	
Due to	
Other conditions (Include pregnancy within 3 months of death) Tumor in Bladder -	
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 Walter L. Kelley (M. D. ~~or other~~)
Address 9915 Gravois Date signed 7/17/45

(Licensed Embalmer's Statement on Reverse Side)

SEP 18 1945

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 C. P. Kidwell

Licensed Embalmer No. 3877

P. O. Address 7027 Gravois

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.