

FILED SEP 14 1945
318

STANDARD CERTIFICATE OF DEATH

1003

State File No.

Registrar's No.

7956

Registration District No.

Primary Registration District No.

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:
Enroute to Veterans Hospital 3
(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 Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4311 N. Florissant Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Fredlyn E. Schneider
(b) If veteran, name war World #2
(c) Social Security No. 488-03-435

20. DATE OF DEATH: Month Sept. day 10
year 1945 hour 5 minute _____ P. M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Elizabeth Schneider
6. (c) Age of husband or wife if alive 36 years
7. Birth date of deceased Aug. 14, 1909
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 2, 1945 to Sept 10, 1945;
that I last saw him alive on Sept 10, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Large Intestine

8. AGE: Years 36 Months 0 Days 26
If less than one day _____ hr. _____ min.

Due to _____
Due to _____

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

10. Usual occupation Mechanic (Pinball Machine)

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

11. Industry or business _____

Major findings: _____

12. Name Fred. Schneider

Of operations _____

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

Of autopsy _____

14. Maiden name Evelyn Joy

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

22. If death was due to external causes, fill in the following:

16. (a) Informant Mrs. Elizabeth Schneider

(a) Accident, suicide, or homicide (specify) _____

(b) Address 4311a N. Florissant Ave

(b) Date of occurrence _____

17. (a) Burial (b) Date thereof 9/13/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Where did injury occur? _____
(City or town) (County) (State)

(c) Place: burial or cremation Nat'l Cem. Jefferson Barracks

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
(Specify type of place)

18. (a) Signature of funeral director M. Wood
(b) Address 2117 E. Grand Blvd.

While at work? _____ (e) Means of injury _____

19. (a) SEP 11 1945 (b) _____
(Date received local health officer) (Registrar's signature)

23. Signature W. H. ... (M.D. or other) _____
Address 2201 N. Broadway Date signed 9/11/45

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

60
17
9

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Frank A. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E. Grand

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.