S. No. 2
OM—2-43
v. 5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED SEP 15 1945

State File No. 28555

Registration District No. 377 Primary Registration District No. 6076 Registrar's No. 2198

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Pine Lawn (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2132 Erick Avenue. (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 96

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

(d) Street No. 2132 Erick Avenue. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Albert Schneider.

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased December 9, 1867. (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
77	9	0	hr. min.

9. Birthplace (City, town, or county) Germany. 4 (State or foreign country)

10. Usual occupation Stone Mason. (retired)

11. Industry or business

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

MOTHER
14. Maiden name Dont know.
15. Birthplace (City, town, or county) Germany. 1 (State or foreign country)

16. (a) Informant Mrs. Marie Schneider.

(b) Address 2132 Erick Avenue.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-12-1945. (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Lebanon Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.

(b) Address 5966-68 Easton Avenue.

19. (a) 9-11-45 (Date received local registrar) (b) E. G. McGovran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 9th. year 1945 hour 4 minute 55 P.M.

21. I hereby certify that I attended the deceased from Sept 7, 1945 to Sept. 9, 1945 that I last saw him alive on Sept. 9, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Failure

Pulmonary Thrombosis

Due to Senile Arteriosclerosis

Due to 111.0

Other conditions (Include pregnancy within 3 months of death)

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

23. Signature Dren Salerno (M. D. or other) DO

Address 7320 Florissant Rd. Date signed 9/10/45

707

(Licensed Embalmer's Statement on Reverse Side)

Dr. Salerno
7320 Florissant Road.

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 Clement J. McNeary

Licensed Embalmer No. 3733

P. O. Address St. Louis

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.