

S. No. 2
OM-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39757

FILED DEC 28 1945
318

State File No. _____
Registrar's No. 11058

Registration District No. _____ Primary Registration District No. 100

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Alexian Brothers Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 36 Hours
62-11-2 (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. 5412 Milentz
(If rural, give location) _____
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Fred Schneider
3. (b) If veteran, name war no
3. (c) Social Security No. _____

4. Sex male
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Ida
6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased Jan. 14 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 11 2 hr. _____ min.

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

10. Usual occupation Beer Bottler

11. Industry or business Union Secty.

12. Name Jacob Schneider

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

14. Maiden name Not Known

15. Birthplace Not known
(City, town, or county) (State or foreign country)

16. (a) Informant Ida Schneider

(b) Address 5412 Milentz

17. (a) burial (b) Date thereof 12-20-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director Schumacher Und. Co

(b) Address 3013 Meramec

19. (a) DEC 18 1945 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 16th
year 1945 hour 12 minute 30 P. M.
21. I hereby certify that I attended the deceased from 12/14/45
19____ to 12/16/45 19____
that I last saw h. in alive on 12/16/45 19____
and that death occurred on the date and hour stated above.

Immediate cause of death cardiac thrombosis
Due to arterio sclerosis
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: AK
Of operations _____
Of autopsy _____

Duration
2da
1yr
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?

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

23. Signature Dr. W. H. Walters (M. D. or other) MD
Address 3608 S Grand Date signed 12/17/45

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

MOTHER FATHER

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..... *Francis Williamson*

Licensed Embalmer No. *3565*

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.