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

10544

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 18 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11632

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 2247

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: Bethesda General Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days. (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

(c) City or town St Louis Mo. (If outside city or town limits, write "RURAL")

(d) Street No. 5411 So. Burdy (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Schneider, Mrs. Mary

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex F.

5. Color or race W.

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

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

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

7. Birth date of deceased Aug. (Month) 13 (Day) 1869 (Year)

8. AGE: Years 76 Months 6 Days 23 If less than one day hr. min.

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

10. Usual occupation None

11. Industry or business

FATHER 12. Name Moran, John

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

MOTHER 14. Maiden name May, Anna

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

16. (a) Informant Harold Schneider

(b) Address 5411 S. Broadway

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-9-46 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive

18. (a) Signature of funeral director Southern Funeral Home

(b) Address 6322 S. Grand Blvd.

19. (a) MAR 7 1946 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6th year 1946 hour 5.10 minute P.M.

21. I hereby certify that I attended the deceased from 3-4, 1946, to 3-6, 1946 that I last saw her alive on MAR. 6TH. 1946. 19..; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	
Due to: Hypertensive Cardio-Vascular disease	
Due to:	
Other conditions: Diabetes Mellitus (Include pregnancy within 3 months of death)	

Major findings: Of operations —— Of autopsy ——

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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 George D Mohr (M. D. or other) MD

Address Bethesda Gen. Hosp. Date signed 3-6-46

(Licensed Embalmer's Statement on Reverse Side)

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 J. Wm Bunkley

Licensed Embalmer No. 3633

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.