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

41744

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
#66284

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 42935

FILED JAN 7 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 11137

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital-Max C. Starkloff
(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

(c) City or town ST. LOUIS 23
(If outside city or town limits, write "RURAL")

(d) Street No. 2326 ALBION PL.
Memorial (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME NICHOLAS SCHNEIDER

3. (b) If veteran, name war

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 EMMA

6. (c) Age of ~~husband~~ or wife if alive 67 years

7. Birth date of deceased APRIL (Month) 10 (Day) 1871 (Year)

8. AGE: Years 75 Months 8 Days 10 If less than one day hr. min.

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

10. Usual occupation RETIRED BLACKSMITH

11. Industry or business

FATHER
12. Name JOHN SCHNEIDER
13. Birthplace HUNGARY (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace HUNGARY (City, town, or county) 4 (State or foreign country)

16. (a) Informant EMMA SCHNEIDER
(b) Address 2326 ALBION PL.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC. 30, 1946 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ NEW S.S. PETER + PAUL

18. (a) Signature of funeral director Thos. Kutis + Son
(b) Address 2906 GRAVOIS

19. (a) DEC 27 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 26th year 1946 hour 9:25 minute A M.

21. I hereby certify that I attended the deceased from 12/24/46, 19, to 12/26/46, 19; that I last saw him alive on 12/26/46, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial Infarction, Posterior	3 days
Due to: Coronary Occlusion	3 days
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

94

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 P. Smith (M.D. or other)
Address 1515 Lafayette 12/26/46 Date signed

(Licensed Embalmer's Statement on Reverse Side)

See Back

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 Leo J. Budde

Licensed Embalmer No. 3989

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.