

No. 2
-12-45
-5-17-39
X 47070

FILED JAN 7 1947

Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **St. Louis, Mo.**
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Firmin Desloge Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **Life** (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Schneider, Walter

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex **Male**
5. Color of skin **White**
6. (a) Single, widowed, married, **Married**
7. Birth date of deceased **JULY 6 1914**
(Month) (Day) (Year)

8. AGE: 32
Years 5 Months 17 Days
If less than one day **12:55 A.M.**
hr. min.

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

10. Usual occupation **Chauffeur**

11. Industry or business **Schaum Transfer Co. (1944)**

12. Name **Charles Schneider**

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

14. Maiden name **Mary Bourveres**

15. Birthplace **Ill**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Berne Schneider**

(b) Address **2816 a Hadley**

17. (a) **BURIAL** (Burial, cremation, or removal) (b) Date thereof **DEC. 26 '46**
(Month) (Day) (Year)

(c) Place: burial or cremation **NEW PICKERS**

18. (a) Signature of funeral director **J. F. Bredek**

(b) Address **1936 St. Louis Ave.**

19. (a) **DEC 24 1946** (Date received local registrar)

J. F. Bredek (Registrar's signature)

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. **2816 a Hadley**
(If rural, give location)
(e) Citizen of foreign country? **=** (Yes or No)
If yes, name country **=**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **12-23-46** day **12:55 A.M.**
year hour minute M.

21. I hereby certify that I attended the deceased from **11-6-46** to **12-23-46**
that I last saw him alive on **12-23-46**
and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary Edema & Mitral Stenosis**

Due to **Rheumatic heart disease with a peritoneal Renalosis**

Due to **Chronic Cholelithiasis**

Other conditions **hepatomegaly**

Major findings: Of operations **92**

Of autopsy **same**

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 **Sallad Syer, M.D.** (M. D. or other)

Address **4154 M. Plaza** Date signed **12/23/46**

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

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. *Neal H. Paulson*

Licensed Embalmer No. *4814*

P. O. Address. *1936 St. Louis Ave*

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.