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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.         

FILED MAR 6 1947

Registration District No. 317

Primary Registration District No. 6476

Registrar's No. 342

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:  
3720 Marvin 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

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

(d) Street No. 3720 Marvin Avenue.  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Joseph K. Schneider.

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

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

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

7. Birth date of deceased June 8, 1855.  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

91 8 5 hr. min.

9. Birthplace Zurick, Switzerland.  
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter retired.

11. Industry or business \_\_\_\_\_

12. Name Dont know.

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

14. Maiden name Dont know.

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

16. (a) Informant Mr. August Schneider.

(b) Address 3720 Marvin Avenue.

17. (a) Burial (b) Date thereof 2-15-1947.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery.

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

(b) Address 5966-68 Easton Avenue.

19. (a) 2-17-47 (b) Ruth S. Allen, M.D.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February Day 13th.  
year 1947 hour 6 minute 45 A.M.

21. I hereby certify that I attended the deceased from Feb 12 to Feb 12, 1947,  
that I last saw him alive on Feb 12, 1947,  
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia, Lobar, Acute Duration 1 day

Due to \_\_\_\_\_

Due to 105

Other conditions Arteriosclerosis, Acute interstitial  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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) Means of injury \_\_\_\_\_

23. Signature John O. Donnell (M. D. or other) \_\_\_\_\_  
Address 10300 Franklin Rd Date signed 2/13/47

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

Ed Louis (M.D.)

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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

*Ronald Yehulke*

Licensed Embalmer No.

*3917*

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.**