No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

40147

State File No.

FILED NOV 28 1947

Registration District No. 918

Primary Registration District No. 1003

Registrar's No. 10509

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

**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: Firmin Desloge Hospital
(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 Illinois (b) County Randolph 999

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

(d) Street No. N.R. 6
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 2

If yes, name country

3. (a) PRINT FULL NAME Henry Schneider

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased March (Month) 12 (Day) 1868 (Year)

8. AGE: Years 79 Months 8 Days 1 If less than one day hr. min.

9. Birthplace Ellis Grove (City, town, or county) Illinois (State or foreign country) 1

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name William A. Schneider
13. Birthplace Ellis Grove (City, town, or county) Illinois (State or foreign country) 1

MOTHER
14. Maiden name Sarah Young
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Mrs. Alice Schneider
(b) Address Ellis Grove, Ill.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-13-47 (Month) (Day) (Year)
(c) Place: burial or cremation Evansville, Ill.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) NOV 14 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month NOVEMBER day 13th
year 1947 hour 3 00 minute A.M.

21. I hereby certify that I attended the deceased from November 4th, 1947, to November 13th, 1947; that I last saw him alive on November 12th, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis acute Pyelonephritis, acute

Due to

Due to colon bacillus urinary infection

Other conditions Acute urinary retention
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy chronic myocarditis Pulmonary edema chronic pyelonephritis nephritis

Duration: 3 days 4 days

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following: Chr. Nephrs

(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 0

23. Signature Jon Macnish MD (M. D. or other)
Address 508 N. Grand St Louis Mo Date signed 11-13-47

Jefferson City Printing Co. (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 Henry W. Brammer

Licensed Embalmer No. 4200

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.