No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 5 1948

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 11122
Registration District No. 6
Primary Registration District No. 6076
Registrar's No. 788

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Florissant Mo R.1 (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None Home (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: None (Specify whether years, months or days)
In this community: 39 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St. Louis
(c) City or town: Florissant Mo R.1 (If outside city or town limits, write "RURAL")
(d) Street No.: James Town Rd (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Henry 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: Married
6. (b) Name of husband or wife: Alvina Schneider
6. (c) Age of husband or wife if alive: 57 years
7. Birth date of deceased: June (Month) 4 (Day) 1880 (Year)

8. AGE: Years 67 Months 9 Days 19 If less than one day hr. min.
9. Birthplace: St. Louis Co. Mo. (City, town, or county) (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business:
FATHER 12. Name: Carl Schneider
13. Birthplace: Germany (City, town, or country) (State or foreign country)
MOTHER 14. Maiden name: Amelia Stuerman
15. Birthplace: St. Louis Mo (City, town, or country) (State or foreign country)
16. (a) Informant: Alvina Schneider
(b) Address: Florissant Station R.1
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: March 27/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Salem Luth. Cem.
18. (a) Signature of funeral director: Diedrich F. Hoine
(b) Address: 8319 Halls Ferry Rd.
19. (a) 3-25-48 (Date received local registrar) (b) Central Sleep MD (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 23 year 1948 hour minute M.
21. I hereby certify that I attended the deceased from 1 year March 20, 1947 to March 23, 1948 that I last saw him alive on March 23, 1948 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: apoplexy | 3 hrs |
| Due to: arterio sclerosis | |
| Due to: not known | |
| Other conditions: none (Include pregnancy within 3 months of death) | |

Major findings:
Of operations:
Of autopsy: none

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): none
(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: W. F. Miller (M. D. or other) MD
Address: 8x10 N. Broadway Date signed: 3-25-48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

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

OCT 20 1952

## 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 Elmer R. Cadwell

Licensed Embalmer No. 4077

P. O. Address .....

**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.