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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30763

FILED SEP 16 1948

Registration District No. 80 6

Primary Registration District No. 6048

Registrar's No. 313

1. PLACE OF DEATH:

(a) County St. Charles

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

(c) Name of hospital or institution: / (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community 46 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles

(c) City or town St. Peters rural (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Albert C. 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 Celeste

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased June (Month) 6 (Day) 1902 (Year)

8. AGE: Years 46 Months 2 Days 26 If less than one day hr. min.

9. Birthplace St. Peters, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business

FATHER 12. Name Bernard Schneider

13. Birthplace St. Peters, Mo. (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name Gertrude Peine

15. Birthplace St. Peters, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Celeste Schneider

(b) Address St. Peters, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 6 1948 (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters, Mo.

18. (a) Signature of funeral director Geo. Stierfrater

(b) Address St. Peters, Mo.

19. (a) Sept 4-48 (Date received local registrar) (b) E. A. Keelhly (Registrar's signature) 280

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 1 year 1948 hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from Cancer 21, 1937, to Sept 1, 1948, that I last saw him alive on Aug 29, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypertensive Heart disease	13 mo
Due to	
Due to	
Other conditions (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? (Specify type of place)

While at work? (e) Means of Injury

23. Signature V. Adelsperger (M. D. or other) MD

Address St. Charles, Mo. Date signed 9/2/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9
District File Number
Date Filed SEP 14 1948

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 E A Keithly

Licensed Embalmer No. 8 r r

P. O. Address Fallon 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.