

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 16 1950

2997
State File No. 198

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		
d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute Alexian Bros. Hosp.			d. STREET ADDRESS (If rural, give location) 3820 Meramec St.		
3. NAME OF DECEASED (Type or Print) a. (First) Darrell		b. (Middle) V.		c. (Last) Schneider	
4. DATE OF DEATH (Month) (Day) (Year) 1/6/50		5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH Feb. 3, 1920		9. AGE (In years last birthday) 29	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic		10b. KIND OF BUSINESS OR INDUSTRY Chase Candy Co.		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Joseph H. Schneider		13b. MOTHER'S MAIDEN NAME Carrie Meyer	
14. NAME OF HUSBAND OR WIFE -----		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes WW #2		16. SOCIAL SECURITY NO. -----	
17. INFORMANT'S SIGNATURE OR NAME Joseph H. Schneider		ADDRESS 3820 Meramec			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Spontaneous Hemorrhage from ruptured aneurysm of Rt. internal carotid artery DUE TO (b) neck infection DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH about 3 min
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION none			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) H32X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? July 2, 1949 (Nov 25 - Jan 6th 1950)	
22. I hereby certify that I attended the deceased from Jan 18 1950 to Jan 6th 1950 , that I last saw the deceased alive on Jan 6, 1950 , and that death occurred at 3:30 p. m. , from the causes and on the date stated above.					
23a. SIGNATURE Harry N. Flick			23b. ADDRESS M. D. 1504 S. Grand Blvd		23c. DATE SIGNED Jan 7, 1950
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/9/50		24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park	
24d. LOCATION (City, town, or county) (State) St. Louis Co., Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Wacker-Kelders			
25. ADDRESS 3634 Gravois		DATE REC'D BY LOCAL REG. JAN 9 1950			

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

2059
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JAN 28 1950

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed

Delis J. Krupin

Licensed Embalmer No..... *3497*

P. O. Address *3634 Gravois*

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.