

FILED APR 4 1950

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 11537

 BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076** Registrar's No. **837**

1. PLACE OF DEATH a. COUNTY St Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY St Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Creve Coeur		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Res. RR#2 Olive St. Rd.		d. STREET ADDRESS (If rural, give location) Res. RR#2 Olive St. Rd.	
3. NAME OF DECEASED a. (First) Frank		b. (Middle) Wesley	
c. (Last) Schneider		4. DATE OF DEATH (Month) (Day) (Year) March 31, 1950	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 4, 1869
9. AGE (In years last birthday) 80		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist Amer. Mach. & Tool Mfg. Co.		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Evansville Indiana		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Phillip Schneider		13b. MOTHER'S MAIDEN NAME Catherine Muth	
14. NAME OF HUSBAND OR WIFE Mary Scheurer Schneider		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO. 488-16-7663		17. INFORMANT'S SIGNATURE OR NAME Mrs. Mary Schneider	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) Diabetes Mellitus II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT (Specify) No	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from Dec. 12, 1949 , to Mar. 31, 1950 , that I last saw the deceased alive on 3-31 , 19 50 , and that death occurred at 5:10 P. m. , from the causes and on the date stated above.			
23a. SIGNATURE Ray A. Walther Sr.		23b. ADDRESS (Degree or title) M.D. 2438 Hodson Rd. Overland 14 Mo	
23c. DATE SIGNED 4-1-50		24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	
24b. DATE April 4, 1950		24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery	
24d. LOCATION (City, town, or county) (State) Evansville Ind.		25. FUNERAL DIRECTOR'S SIGNATURE Alexander & Son	
DATE REC'D BY LOCAL REG. 4-1-50		REGISTRAR'S SIGNATURE Herbert B. Domb	
25. FUNERAL DIRECTOR'S SIGNATURE Alexander & Son		ADDRESS 6175 Delmar	

(Licensed Embelmer's Statement on Reverse Side)

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

Dr Roy A Watter
2438 Woodman Rd
Wi 0256

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Geo. E. McCallister

Licensed Embalmer No. *9468*

P. O. Address *6175 Helmar*

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.