

FILED MAY 1 1950

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14979

State File No. ....

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

Registrar's No. **3686**

BIRTH NO. ....		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		State File No. ....		Registrar's No. <b>3686</b>			
1. PLACE OF DEATH a. COUNTY					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>			c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>			2239			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2318 a So. Jefferson</b>					e. STREET ADDRESS (If rural, give location) <b>2318 a So. Jefferson</b>						
3. NAME OF DECEASED a. (First) <b>Phillip</b>			b. (Middle) <b>J.</b>		c. (Last) <b>Schneider</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>April 21 1950</b>				
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Feb. 16, 1884</b>		9. AGE (In years last birthday) <b>66</b>	IF UNDER 1 YEAR Months <b>2</b> Days <b>5</b>	IF UNDER 1 MIN. Hours <b>5</b> Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Supply Man</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Bushman Supply Co.</b>		11. BIRTHPLACE (State or foreign country) <b>Missouri</b>			12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>			
13a. FATHER'S NAME <b>John Schneider</b>			13b. MOTHER'S MAIDEN NAME <b>Barbara Keenig</b>			14. NAME OF HUSBAND OR WIFE <b>Mary Schneider (deceased)</b>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>498-10-9976</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Barbara Schneider</b>						ADDRESS <b>2318 So. Jefferson St. St. Louis</b>	
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, asthma, etc. It means the disease, injury, or complication which caused death.					I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial Infarction</b>					INTERVAL BETWEEN ONSET AND DEATH <b>2-1-50 -</b>	
					ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis, genl.</b>					<b>4-21-50</b>	
					DUE TO (c)						
					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 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) <b>St. Louis Mo</b>						
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 <b>420'</b>							
22. I hereby certify that I attended the deceased from <b>2-1</b> , 19 <b>50</b> , to <b>4-21</b> , 19 <b>50</b> , that I last saw the deceased alive on <b>4-15-</b> , 19 <b>50</b> , and that death occurred at <b>9 a.m.</b> , from the causes and on the date stated above.											
23a. SIGNATURE <b>Charles Thomas W.D.</b>					23b. ADDRESS <b>16 Houyo Ku Village Plaza</b>		23c. DATE SIGNED <b>4/21/50</b>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>April 24, 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>De Sota Missouri</b>						
DATE REC'D BY LOCAL REG. <b>APR 22 1950</b>		REGISTRAR'S SIGNATURE <b>J. B. Pasater</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>Thos. Ruten's funeral home</b>			ADDRESS <b>2906</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

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 \_\_\_\_\_

*James C. Hill*

Signed .....  
Student Embalmer

Licensed Embalmer No. 4347

P. O. Address 2906 Havana

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.