

FILED JUN 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22381

State File No.

BIRTH NO.		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 6076		Registrar's No. 1438	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission).			
a. COUNTY St Louis		a. STATE Mo		b. COUNTY ST. LOUIS			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Affton		c. LENGTH OF STAY (in this place) 1 yr		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Affton		4800	
d. FULL NAME OF HOSPITAL OR INSTITUTION 9917 Gravois				d. STREET ADDRESS (If rural, give location) 9917 Gravois			
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) Alice	b. (Middle)	c. (Last) Schneeberger	(Month) June	(Day) 7	(Year) 1950		
(Type or Print)							
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow	8. DATE OF BIRTH Sept 3, 1872	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months	IF UNDER 2 WKS. Days	IF UNDER 24 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St Louis County, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Joseph Poth		13b. MOTHER'S MAIDEN NAME Elizabeth Richardson		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME John Schneeberger		ADDRESS 9910 Gravois	
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage				2 Hours	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Gall Stones				2	
		DUE TO (b)					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				584X	
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)			
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 Jun 10, 1950 , to June 6, 1950 , that I last saw the deceased alive on June 6, 1950 , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Walter Kelly M.D.				23b. ADDRESS 9915 Gravois		23c. DATE SIGNED 6/9/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 6/10/50	24c. NAME OF CEMETERY OR CREMATORY St Lucas Cemetery		24d. LOCATION (City, town, or county) (State) Sappington, Mo.		
DATE REC'D BY LOCAL REG. JUN 9 1950		REGISTRAR'S SIGNATURE Elizabeth ...		25. FUNERAL DIRECTOR'S SIGNATURE J. L. Ziegenhein & Sons		ADDRESS 7027 Gravois	

(Licensed Embalmer's Signature on Reverse Side)

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

No. 300
10-48

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.....

Francis J. Swann

Signed.....
Student Embalmer

Licensed Embalmer No. *2245*

P. O. Address.....

St. Louis, 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.