No. 300
10-48

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

FILED AUG 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25677

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 1838

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Koch
c. LENGTH OF STAY (in this place): 23 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rolla Koch Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Normandy
d. STREET ADDRESS (If rural, give location): 121 Bernhardt

4121
0

3. NAME OF DECEASED (Type or Print)
a. (First): Wm
b. (Middle): J
c. (Last): SCHNEIDER

4. DATE OF DEATH (Month) (Day) (Year): 7 - 30 - 50

5. SEX: M
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 11-8-11
9. AGE (In years last birthday): 38 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.: 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Beer Bottler
10b. KIND OF BUSINESS OR INDUSTRY: Falstaff
11. BIRTHPLACE (State or foreign country): St. Louis, Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Wm. Schneider
13b. MOTHER'S MAIDEN NAME: Mamie Bleri
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 498-01-8904
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Hospital Record, Koch Hosp

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: At least 1 month

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
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.* Arteriosclerosis + Cirrhosis of the Liver — 002X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 002X
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-7, 1950, *to* 7-30, 1950, *that I last saw the deceased alive on* 7-30, 1950, *and that death occurred at* 5:00A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. F. Hirk, M.D.
23b. ADDRESS: Koch, Mo
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/2/50
24c. NAME OF CEMETERY OR CREMATORY: NEW ST. MARCUS CEM.
24d. LOCATION (City, town, or county) (State): St. Louis, Missouri

DATE REC'D BY LOCAL REG.: 7-31-50
REGISTRAR'S SIGNATURE: Robert L. Clarke, M.D.
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: PROVOST UND. CO., 3710 N. Grand Bl.

(Licensed Embalmer's Statement on Reverse Side)

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 Albert Mayfield

Licensed Embalmer No. 5077

P. O. Address .....

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.