

FILED NOV 17 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 39017  
9403

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____	
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>		2749	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>1942 WITHNELL AVE</b>				d. STREET ADDRESS (If rural, give location) <b>1942 WITHNELL AVE</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>EUGENE</b> b. (Middle) <b>J.</b> c. (Last) <b>SCHNEIDER</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>NOV. 2, 1950</b>				
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>JAN. 14, 1889</b>	
9. AGE (In years last birthday) <b>61</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>ELECTRICAL</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>WORKER</b>		11. BIRTHPLACE (State or foreign country) <b>ST. LOUIS, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U</b>		13a. FATHER'S NAME <b>JOHN SCHNEIDER</b>		13b. MOTHER'S MAIDEN NAME <b>MAGDALENA WAGNER</b>		14. NAME OF HUSBAND OR WIFE <b>ISABELLE SCHNEIDER</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>ISOBEL SCHNEIDER 1942 WITHNELL</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Strangulation due to hanging when deceased was found hanging by the neck by a rope attached to the transom between the bedroom &amp; front room at his home 1942 Withnell Ave on Nov 2 1950 at about 300 pm</b> ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>300 pm Suicide</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE OR HOMICIDE (Specify) <b>Suicide</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>		21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY) (STATE) <b>St Louis Mo</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Nov 2 50 300 p m.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>6974X</b>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>300 P.</b> m., from the causes and on the date stated above...							
23a. SIGNATURE (Degree or title) <b>Wm. Schumacher</b>			23b. ADDRESS <b>1300 Clark</b>			23c. DATE SIGNED <b>11/6/50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>NOV 6 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>PARK LAWN CEM.</b>		24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS COUNTY</b>	
DATE REC'D BY LOCAL REG. <b>NOV 6 1950</b>		REGISTRAR'S SIGNATURE <b>J. B. Essler</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Wm. SCHUMACHER 303 MERAMEC ST.</b>			

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 Francis Williamson

Signed.....  
Student Embalmer

Licensed Embalmer No. 3565

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.