

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10995

FILED MAR 19 1951

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>3069</u>		Registrar's No. <u>253</u>		
1. PLACE OF DEATH a. COUNTY <u>St Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY _____				
b. CITY OR TOWN <u>ST. LOUIS MO</u>		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN <u>ST. LOUIS</u> <u>7017</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. MARY'S Hosp.</u>				9. STREET ADDRESS (If rural, give location) <u>936 DOVER PLACE</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>ERNESTINE</u> b. (Middle) _____ c. (Last) <u>SCHNEER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 4 1951</u>					
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>Nov. 5 1885</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>		11. BIRTHPLACE (State or foreign country) <u>ST. LOUIS MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>OTTO SCHWARTZBERG</u>			13b. MOTHER'S MAIDEN NAME <u>MARY STUETZER</u>		14. NAME OF HUSBAND OR WIFE <u>BENJAMIN SCHNEER</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>BENJAMIN SCHNEER 936 DOVER PL.</u>				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Embolism</u> INTERVAL BETWEEN ONSET AND DEATH <u>24 hours</u> ANTECEDENT CAUSES DUE TO (b) <u>Post operative Phlebo thrombosis</u> DUE TO (c) <u>Cholecystectomy & Appendectomy 16 days</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Leiomyoma uterus. 215X</u>						
19a. DATE OF OPERATION <u>19-4-51</u>		19b. MAJOR FINDINGS OF OPERATION <u>Cholecystitis, cholelithiasis, Leiomyoma uterus</u>					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) _____		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 <u>Jan 15</u> , 19 <u>51</u> , to <u>Feb 4</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Feb 4</u> , 19 <u>51</u> , and that death occurred at <u>6:30 P.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Gene B. Plunkett M.D.</u> (Degree or title)				23b. ADDRESS <u>607 N. Grand St</u>		23c. DATE SIGNED <u>6 FEB 50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>FEB. 7 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>SUNSET BURIAL PK.</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO</u>		
DATE REC'D BY LOCAL REG. <u>2/7/51</u>		REGISTRAR'S SIGNATURE <u>Hubert A. Donke</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Thomas Kutis</u>		ADDRESS <u>2906 Genoa</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

