

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31829**  
**8288**  
Registrar's No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Mo</b>	c. LENGTH OF STAY (in this place) _____	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Mo.</b>	<b>2269</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Enroute City Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>26 3507 Blair Ave.</b>	<b>0</b>

3. NAME OF DECEASED (Type or Print) a. (First) <b>Adolph</b> b. (Middle) <b>J.</b> c. (Last) <b>Schneider</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>9-18-51</b>
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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>1893 Nov 20 1890</b>	9. AGE (In years or (In years if under 1 year) (In months if under 1 year) (In days if under 1 year) (In hours if under 1 year) (In minutes if under 1 year)) <b>57 1/2</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Carpenter</b>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <b>St. Louis, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? _____
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13a. FATHER'S NAME <b>Adolph J. Schneider</b>	13b. MOTHER'S MAIDEN NAME <b>Katherine Krutzler</b>	14. NAME OF HUSBAND OR WIFE <b>Helen Schneider</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>187-78-6856</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Helen Schneider</b>	ADDRESS <b>3507 Blair Av</b>
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18. CAUSES 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Haemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 da</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Myocardial &amp; valvular insufficiency</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"/>
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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) _____
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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? <b>H2H</b>
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22. I hereby certify that I attended the deceased from **1948, 19**, to **Sept 18, 1951**, that I last saw the deceased alive on **9-13, 1951**, and that death occurred at **9 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>J. D. G. [Signature]</b>	23b. ADDRESS <b>2505 W. Florissant</b>	23c. DATE SIGNED <b>9-18-51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>9-21-51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>SEP 19 1951</b>	REGISTRAR'S SIGNATURE <b>Carl Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Goodhart &amp; Goodhart</b>	ADDRESS <b>2228 St. Louis, Av</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 John J. Haines.....

Licensed Embalmer No. 408.....

P. O. Address St. Louis 21, 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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State File No. 31829

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

**AFFIDAVIT FOR CORRECTION OF A RECORD**

Local Registrar's No. 8288

On this \_\_\_\_\_ day of \_\_\_\_\_, 194\_\_\_\_, before me appears.....

\_\_\_\_\_, who, upon \_\_\_\_\_ oath, states that the original record of birth death

for Adolph J? Schneider died 9-18-1951, 19\_\_\_\_, in the State of

Missouri, and which was filed at \_\_\_\_\_ on \_\_\_\_\_, 19\_\_\_\_, should be corrected as follows:

Item No. 7 should read Nov. 20-1893

Instead of \_\_\_\_\_ 1890

Item No. 8 should read Age 57

Instead of \_\_\_\_\_ 60

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Per Wm Ahlmannsch  
South St. Louis self Relationship.

2228 St. Louis  
Present Address.

Subscribed and sworn to before me this 24 day of Sept, 1945

My Commission expires 3-4-53 Eva C. Falboin Notary Public.