

S. No. 300 FILED FEB 6 1952
 V. 10.48

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **818**

BIRTH NO. _____		REG. DIST. NO. <u>116</u>		PRIMARY REG. DIST. NO. <u>3020</u>		Registrar's No. <u>17</u>	
1. PLACE OF DEATH a. COUNTY Franklin				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE MO b. COUNTY Warren			
b. CITY (If outside corporate limits, write RURAL and give township) Washington MO		c. LENGTH OF STAY (in full days) 4 DYS		c. CITY (If outside corporate limits, write RURAL and give township) Wright City		1090	
d. FULL NAME OF HOSPITAL OR INSTITUTION St Francis Hospital				d. STREET ADDRESS (If rural, give location) 1			
3. NAME OF DECEASED (Type or Print) a. (First) Charles		b. (Middle) L		c. (Last) Schneider		4. DATE OF DEATH (Month) (Day) (Year) Jan 31 1952	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH March 5 1881	
9. AGE (In years last birthday) 70		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor		11. BIRTHPLACE (State or foreign country) Warren CO Mo		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME J.G. Schneider		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Ida Schneider			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 487-20-8670		17. INFORMANT'S SIGNATURE AND NAME ADDRESS Ida Schneider Wright City MO			
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) Chronic myocarditis with right side heart failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary occlusion DUE TO (c) Rate II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 4 days 10 min	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4-201				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min)		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 Jan 27, 1952 to Jan 31, 1952 that I last saw the deceased alive on Jan 31, 1952 and that death occurred at 3:00 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE Harold H. Woloch				23b. ADDRESS Womerton Mo.		23c. DATE SIGNED 2-1-52	
24a. BURIAL, CREMATION, OR DISPOSAL (Specify)		24b. DATE Feb 3 1952		24c. NAME OF CEMETERY OR CREMATORY Wright City Cemetery		24d. LOCATION (City, town, or county) (State) Wright City MO.	
DATE REC'D BY LOCAL REG. Feb. 1, 1952		REGISTRAR'S SIGNATURE J.P. Hoffmann		25. FUNERAL DIRECTOR'S SIGNATURE Nieburg Furn & Und Co		ADDRESS Wright City Mo	

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

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APR 12 1952

APR 7 1954

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 Julius J. Nieburg
Licensed Embalmer No. 33660

P. O. Address Wright City 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.