

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

XC 2 757 442
REG. # 107,320 23 1953
FILED JAN 23 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4370

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 0041

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 <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>TOWN, JEFFERSON BARRACKS, MO.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS</u>	
c. LENGTH OF STAY (In this place) <u>15 DAYS</u>		2019	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>VETERANS ADMINISTRATION HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>3958 BOWEN</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>HARRY</u> b. (Middle) <u>H.</u> c. (Last) <u>SCHNEIDER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>1-3-53</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>2-28-97</u>	9. AGE (In years last birthday) <u>55 YRS.</u>	IF UNDER 1 YEAR Months Days Hours Mts.	IF UNDER 1000 Mts.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PAINTER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>UNKNOWN</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>ST. LOUIS, MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>JOHN SCHNEIDER</u>	13b. MOTHER'S MAIDEN NAME <u>LENA ZWEIGART</u>	14. NAME OF HUSBAND OR WIFE <u>LILLIAN SCHNEIDER</u>
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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) <u>YES WWI & WWII</u>	16. SOCIAL SECURITY NO. <u>493012587</u>	17. INFORMANT'S SIGNATURE OR NAME <u>VA HOSPITAL RECORDS, JEFF. BRKS., MO.</u>	ADDRESS
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>IDIOPATHIC HYPERINSULINISM</u>		INTERVAL BETWEEN ONSET AND DEATH
	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. <u>CHRONIC CEREBRAL HYPOGLYCEMIA</u> <u>SLIGHT ENLARGEMENT OF PANCREAS</u>		

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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 12-19, 1952, to 1-3, 1953, and that death occurred at 10:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. J. Sewerly</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>VAH, JEFF. BRKS., MO.</u>	23c. DATE SIGNED <u>1-3-53</u>
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24a. BURIAL CREMATION (Specify)	24b. DATE <u>1-7-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>National Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Jeff. Brks., Mo.</u>
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DATE REC'D BY LOCAL REG. <u>1-7-53</u>	REGISTRAR'S SIGNATURE <u>Hubert J. P. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>107 Southern Funeral Home</u>	ADDRESS <u>6322 S. Grand</u>
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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 _____

David Van Fossan

Licensed Embalmer No. 4242

P. O. Address 6322 Av. Ho

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.