

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27381**

BIRTH NO. **AUG 10 1953** REG. DIST. NO. **324** PRIMARY REG. DIST. NO. **3472** Registrar's No. **159**

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE Missouri b. COUNTY Saline	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall	
c. LENGTH OF STAY (in this place) 8 Months		d. STREET ADDRESS (If rural, give location) 504 N. Lyon	
d. FULL NAME OF HOSPITAL OR INSTITUTION Marshall Invalid Home			

3. NAME OF DECEASED (Type or Print) Wilhelmina	a. (First)	b. (Middle) -	c. (Last) Schneider	4. DATE OF DEATH (Month) (Day) (Year) Aug. 5 1953
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 19-1874	9. AGE (In years last birthday) Months Days Hours Min. 78 7 16
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Wilhelmina Noecker	14. NAME OF HUSBAND OR WIFE
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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) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Anton E. Schneider-Marshall, Mo.	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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 5 AM
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Emphysema		
	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 334x	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)	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 **May 1953**, to **Aug 5, 1953**, that I last saw the deceased alive on **May 5, 1953**, and that death occurred at **8:45** m., from the causes and on the date stated above.

23a. SIGNATURE Anthony E. Schneider	(Degree or title) M.D.	23b. ADDRESS Marshall, Mo.	23c. DATE SIGNED 8/8/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8/8/53	24c. NAME OF CEMETERY OR CREMATORY Bridge Park	24d. LOCATION (City, town, or county) (State) Marshall, Missouri
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DATE REC'D BY LOCAL REG Aug 8-1953	REGISTRAR'S SIGNATURE Kennedy T. Gray	25. FUNERAL DIRECTOR'S SIGNATURE J. Leslie Sweeney	ADDRESS Marshall, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

0972
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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 *J. Leali Surrency*

Licensed Embalmer No. 3235

P. O. Address Marshall, 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.