

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31463

State File No.

No. 300

10-48

FILED OCT 6 1953

BIRTH NO. _____ REG. DIST. NO. 119 PRIMARY REG. DIST. NO. 4193 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY GASCONADE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY GASCONADE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN HERMANN, MO.	c. LENGTH OF STAY (In this place) 48 YRS	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN HERMANN, MO.	d. STREET ADDRESS (If rural, give location) 0
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) CAROLINE b. (Middle) SELMA c. (Last) SCHNEIDER			4. DATE OF DEATH (Month) (Day) (Year) 9 / 9 / 53		
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 1/11/1884	9. AGE (In years last birthday) 69 YRS	IF UNDER 1 YEAR Months 7 Days 28	IF UNDER 24 HRS. Hours Min.
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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	11. BIRTHPLACE (State or foreign country) ST. LOUIS COUNTY		12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME FERD HIRSCHFELDT		13b. MOTHER'S MAIDEN NAME MARY MILD		14. NAME OF HUSBAND OR WIFE HENRY SCHNEIDER	
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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. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Benny Schneider Hermann MO			
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia			INTERVAL BETWEEN ONSET AND DEATH 3 days	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CA of Liver-primary			6 mono.	
	DUE TO (c) Pagets Disease			1 year	
	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 155X			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)	
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?	

22. I hereby certify that I attended the deceased from March, 1953 to Sept 9, 1953, that I last saw the deceased alive on Sept 9, 1953, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John Ryan M.D.		23b. ADDRESS Hermann Mo		23c. DATE SIGNED 9-10-53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 9/12/53	24c. NAME OF CEMETERY OR CREMATORY CITY CEMETARY	24d. LOCATION (City, town, or county) (State) HERMANN MO.		
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DATE REC'D BY LOCAL REG. 9/12/53	REGISTRAR'S SIGNATURE Delma Herken		492	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: RUEDIGER FUNERAL HOME	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 13 1957

Handwritten scribbles

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.....

.....
working under my personal supervision.

Student Embalmer No.

Signed.....

Carl C. Lettig

Signed.....
Student Embalmer

Licensed Embalmer No. *13385*

P. O. Address. *New Haven, Conn.*

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.