

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

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

State File No. **34007**
 Registrar's No. **8602**

FILED SEP 24 1953

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 8602		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Mo		c. LENGTH OF STAY (In this place) 5 yrs, 3 mo, 27 Days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Mo		2139		
d. FULL NAME OF HOSPITAL OR INSTITUTION City, Infirmiry Hospital				d. STREET ADDRESS (If rural, give location) 13 5600 Arsenal St.				
3. NAME OF DECEASED (Type or Print) William Schneider			a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH		(Month)		(Day)		(Year)		
9 3 53								
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH Jan. 22, 1886		
9. AGE (In years last birthday) 67		IF UNDER 1 YEAR Months _____		IF UNDER 1 YEAR Days _____		IF UNDER 24 HRS. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cement Finisher				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) Freeburg, Illinois		
12. CITIZEN OF WHAT COUNTRY? U.S.A.				13a. FATHER'S NAME William, Schneider		13b. MOTHER'S MAIDEN NAME Mary, Mayer		
14. NAME OF HUSBAND OR WIFE None				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 Fred A. Schneider				ADDRESS 4949 Tyrolean Ave.				
MEDICAL CERTIFICATION								
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Arteriosclerotic Heart Disease</i>				INTERVAL BETWEEN ONSET AND DEATH years				
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused 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.				Latent Tumor				
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? 4260 B		YES <input type="checkbox"/> NO <input checked="" 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 _____, 19____, to 9/3 _____, 19 53 ____, that I last saw the deceased alive on 9/3 _____, 19 53 ____, and that death occurred at 5:15 PM ____, from the causes and on the date stated above.								
23a. SIGNATURE George Esker, M.D. (Degree or title)				23b. ADDRESS 5600 Arsenal		23c. DATE SIGNED 9/3/53		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 5, 1953		24c. NAME OF CEMETERY OR CREMATORY SS. Peter & Paul Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri.		
DATE REC'D BY LOCAL REG. SEP 4 1953		REGISTRAR'S SIGNATURE Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE Gebken-Benz Mortuary		ADDRESS 2842 Meramec St. St. Louis, 18, Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Joe B. Benz

Licensed Embalmer No. 4249

2842 Meramec St.

P. O. Address St. Louis, 18, Miss

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.