

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **37953**

FILED OCT 20 1953

BIRTH NO. _____		REG. DIST. NO. <u>319</u>		PRIMARY REG. DIST. NO. <u>6078</u>		Registrar's No. <u>65</u>					
1. PLACE OF DEATH a. COUNTY <u>Ste. Genevieve</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ste. Genevieve</u>							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Jackson</u>		c. LENGTH OF STAY (In this place) <u>UNKNOWN</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Jackson</u>		0200					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Route # 1 Festus, Mo</u>				d. STREET ADDRESS (If rural, give location) <u>Route # 1 Festus, Mo</u>							
3. NAME (OF DECEASED) (Type or Print) a. (First) <u>Walter</u> b. (Middle) <u>Finnerson</u> c. (Last) <u>Schneider</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>October 15, 1953</u>								
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>		8. DATE OF BIRTH <u>27 April 1896</u>					
9. AGE (In years last birthday) <u>57</u>		# UNDER 1 YEAR Months <u> </u> Days <u> </u>		# UNDER 100 Hrs. Hours <u> </u> Min. <u> </u>							
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labor</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Arkansas</u>					
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13a. FATHER'S NAME <u>Philip Schneider</u>		13b. MOTHER'S MAIDEN NAME <u>Laura Lancaster</u>		14. NAME OF HUSBAND OR WIFE <u>Irene Eisnwhour</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>UNKNOWN</u>			16. SOCIAL SECURITY NO. <u>330-12-9194</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Katie Miers Ellis Grove, III</u>			ADDRESS _____			
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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary condition disease</u> 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. _____				INTERVAL BETWEEN ONSET AND DEATH _____			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4201			
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) _____		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 <u>Oct 12</u> , 19 <u>53</u> , to _____, 19____, that I last saw the deceased alive on <u>Oct 12</u> , 19 <u>53</u> , and that death occurred at <u>3:00P m.</u> , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) <u>Getulan Belgar, MD</u>				23b. ADDRESS <u>Festus, Mo</u>				23c. DATE SIGNED <u>10/16/53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct 17, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY _____ City _____		24d. LOCATION (City, town, or county) <u>Ste. Genevieve, Mo</u> (State) _____					
DATE REC'D BY LOCAL REG. <u>Oct 17, 1953</u>		REGISTRAR'S SIGNATURE <u>Luille Baden</u> 481		25. FUNERAL DIRECTOR'S SIGNATURE <u>Jerome A. Stoute</u> ADDRESS <u>Ste. Genevieve, Mo</u>							

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 Jerome H. Stault
Licensed Embalmer No. 3817

P. O. Address Ste. Genevieve, 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.