

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3254**
Registrar's No. **0544**

BIRTH NO. **FILED FEB 2 1954** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY D		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Illinois b. COUNTY St. Clair	
b. CITY OR TOWN St. Louis, Mo.		c. CITY OR TOWN Belleville, 8/20	
c. LENGTH OF STAY (In this place) 1 day		d. STREET ADDRESS (If rural, give location) 136 N. Virginia 8	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) OTTO b. (Middle) L. c. (Last) SCHNEIDER			4. DATE OF DEATH (Month) (Day) (Year) January 17, 1954		
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5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		8. DATE OF BIRTH October 16, 1879 74		9. AGE (In years last birthday) 74		10. UNDER 1 YEAR		11. UNDER 2 YEARS		12. UNDER 5 YEARS	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Shoe Factory		11. BIRTHPLACE (City and State or Foreign Country) Millstadt, Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.	
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13a. FATHER'S NAME George Schneider		13b. MOTHER'S MAIDEN NAME Mary Eale		14. NAME OF HUSBAND OR WIFE Leona 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) yes Spanish-Amer.		16. SOCIAL SECURITY NO. 328-03-4329		17. INFORMANT'S SIGNATURE OR NAME Robert C. Schneider		18. ADDRESS Ill. Belleville	
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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	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		DUE TO (b) Arterio Sclerosis					
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)					
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				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? 4201	
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **3:20P** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Walter P. ...		23b. ADDRESS 1300 Oak		23c. DATE SIGNED 1/19/54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 20, 1954		24c. NAME OF CEMETERY OR CREMATORY Valhalla		24d. LOCATION (City, town, or county) (State) Belleville, Illinois	
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DATE REC'D BY LOCAL REG. JAN 19 1954		REGISTRAR'S SIGNATURE Carl Smith		25. EMERALD DIRECTOR'S SIGNATURE ADDRESS Belleville, Ill.	
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(Licensed Embalmer's Statement on Reverse Side)

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

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 Edgar A. Baldus

Licensed Embalmer No. 2846

P. O. Address Belleville, 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.