

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6773

State File No. ....

BIRTH NO. **FILLED MAR 12 1954** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1657**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>3701 No. 9th St.</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Alfred</b> b. (Middle) <b>None</b> c. (Last) <b>Schneider</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Feb 18 1954</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	
8. DATE OF BIRTH <b>Oct. 4th 1886</b>		9. AGE (In years last birthday) <b>67</b>		10. IF UNDER 1 YEAR: Months <b>4</b> Days <b>11</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13a. FATHER'S NAME <b>Herman Schneider</b>		13b. MOTHER'S MAIDEN NAME <b>Emma Hilker</b>		14. NAME OF HUSBAND OR WIFE <b>None.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No.</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Emma Brauch</b> ADDRESS <b>2737a Greer Ave.</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</b>					
MEDICAL CERTIFICATION					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Subdural Hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>when deceased was found in his room on the 18th of February, 1954. Cause.</b>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>None, and manner of cause could not be determined</b>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>Open Verdict</b>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT? (Specify) <b>None</b>		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		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>7953</b>	
22. I hereby certify that I attended the deceased from <b>19</b> , to <b>19</b> , that I last saw the deceased alive on <b>19</b> , and that death occurred at <b>330 P. m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>Robert D. Kinealy</b>		23b. ADDRESS <b>1300 Clark</b>		23c. DATE SIGNED <b>2/21/54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>2/22/54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Friedens</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Robert D. Kinealy</b> ADDRESS <b>2228 St. Louis Ave</b>			
DATE REC'D BY LOCAL REG. <b>FEB 23 1954</b>		REGISTRAR'S SIGNATURE <b>Carl Smith MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Robert D. Kinealy</b> ADDRESS <b>2228 St. Louis Ave</b>	

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 Moates Case, Student Embalmer No. .... working under my personal supervision.. No Embalming

Student.....  
Signature of Student Embalmer

Signed.....

Robert D. Kincaid  
Funeral Director

Licensed Embalmer No.....

P. O. Address.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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