

FILED MAR 15 1954

STANDARD CERTIFICATE OF DEATH

State File No. 6775  
2145

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

1. PLACE OF DEATH  
a. COUNTY Missouri  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis  
c. LENGTH OF STAY (in this place) c. CITY OR TOWN St. Louis  
d. IS RESIDENCE WITHIN LIMITS OF A CITY OR INCORPORATED TOWN? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION 4048 Lafayette  
e. STREET ADDRESS (If rural, give location) 4048 Lafayette 2170

3. NAME OF DECEASED (Type or Print) a. (First) RAYMOND b. (Middle) FREDERIC c. (Last) SCHNEIDER  
4. DATE OF DEATH (Month) (Day) (Year) Mar 6 1954

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH Mar 20 1902 9. AGE (In years last birthday) 51

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk 10b. KIND OF BUSINESS OR INDUSTRY Wagner Electric 11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Jacob Schneider 13b. MOTHER'S MAIDEN NAME Christiana Rippling 14. NAME OF HUSBAND OR WIFE Elizabeth Schneider

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. 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Elizabeth Schneider 4048 Lafayette

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Cerebral hemorrhage  
INTERVAL BETWEEN ONSET AND DEATH 1 hr  
\*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 DUE TO (b) Hypertension  
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  NO

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) 331X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 6, 1954, to Mar 6, 1954, that I last saw the deceased alive on Mar 6, 1954, and that death occurred at 4:15P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Bert H Keim MD 23b. ADDRESS 2632 So. Kingshighway 23c. DATE SIGNED 3/8/54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Mar 9 54 24c. NAME OF CEMETERY OR CREMATORY St. Matthews 24d. LOCATION (City, town, or county) (State) St. Louis Mo

DATE REC'D BY LOCAL REG. MAR 8 1954 REGISTRAR'S SIGNATURE E.J. Schnur MD 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E.J. Schnur 3125 Lafayette

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.....  
Signature of Student Embalmer

Signed.....  
*Thomas R. Jewick*

Licensed Embalmer No. 374

P. O. Address 3125 Lyla

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.