No. 300
10.48

XC 430 092
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7391

BIRTH NO. FILED MAR 2 1954 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 394

1. PLACE OF DEATH
a. COUNTY ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) JEFFERSON BARRACKS, MO.
c. LENGTH OF STAY (in this place) 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) VETERANS ADMINISTRATION HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE ILLINOIS
b. COUNTY ST. CLAIR
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) LENZBURG
d. STREET ADDRESS (If rural, give location) NONE

8120
8

3. NAME OF DECEASED (Type or Print)
a. (First) HENRY
b. (Middle) G.
c. (Last) SCHNEIDER

4. DATE OF DEATH (Month) (Day) (Year) 2-12-54

5. SEX MALE 0
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED /
8. DATE OF BIRTH 10-27-88
9. AGE (In years last birthday) 65 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER
10b. KIND OF BUSINESS OR INDUSTRY FARMING
11. BIRTHPLACE (State or foreign country) LENZBURG, ILLINOIS /
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME HENRY J. SCHNEIDER
13b. MOTHER'S MAIDEN NAME TILLIE CAUPERT
14. NAME OF HUSBAND OR WIFE FRIEDA W. SCHNEIDER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WWI
16. SOCIAL SECURITY NO. NONE
17. INFORMANT'S SIGNATURE OR NAME ADDRESS VA HOSPITAL RECORDS, JEFF.BKS, MO.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MALIGNANT TUMOR OF MAXILLA AND PALATE WITH EXTENSIVE SPREAD AND METASTASES TO CERVICAL AND MEDIASTINAL NODES AND LUNGS

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 UNK

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION - - - - - - - - - - - - - - - - 196X
20. AUTOPSY? YES [XX] 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)

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

22. *I hereby certify that* VA *attended the deceased from* 2-10-54, 19__, *to* 2-12-54, 19__, ~~that I last saw the deceased~~ ~~XXXXXXXXXXXXXXXXXXXX~~, *and that death occurred at* 11:15A *m., from the causes and on the date stated above.*

23a. SIGNATURE James F. McFadden, Jr. (Degree or title) M.D. 0
James F. McFadden Jr.
23b. ADDRESS VA HOSPITAL, JEFF.BKS, MO.
23c. DATE SIGNED 2-12-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal Motor
24b. DATE 2-13-54
24c. NAME OF CEMETERY OR CREMATORY unk
24d. LOCATION (City, town, or county) (State) Lenzburg, Ill.

DATE REC'D BY LOCAL REG. 2-13-54
REGISTRAR'S SIGNATURE Herbert R. Domke M.D.
25. FUNERAL DIRECTOR'S SIGNATURE Southern Funeral Home ADDRESS 6322 S. Grand Blvd.

(Licensed Embalmer's Statement on Reverse Side)

SW

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.....

.....

working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No. 4343

P. O. Address 6322 So Grand

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

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