No. 300
10.48

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

FILED JUN 24 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21213

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4781

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN: St.Louis, Mo. (If outside corporate limits, write RURAL and give township)
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2841 South 3rd.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: MISSOURI
b. COUNTY: 2245
c. CITY OR TOWN: ST.LOUIS, MO.
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐ 0
e. STREET ADDRESS (If rural, give location): 24 2841 South 3rd.

3. NAME OF DECEASED (Type or Print)
a. (First): JOHN
b. (Middle): E.
c. (Last): SCHNEIDER

4. DATE OF DEATH (Month) MAY (Day) 27, (Year) 1954

5. SEX: Male ○

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 8-30-1899

9. AGE (In years last birthday): 54 — 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): Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (City and State or Foreign Country): St.Louis, Missouri ○

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John Schneider

13b. MOTHER'S MAIDEN NAME: Rose

14. NAME OF HUSBAND OR WIFE: Vadie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: Vadie Schneider, Gary, Indiana

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) General anasarca — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Cardiac decompensation — 3 yrs

DUE TO (c) Chr endocarditis — 4 yrs

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): 4214

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 I attended the deceased from* Mar 24, 1950, *to* May 25, 1954, *that I last saw the deceased alive on* May 25, 1954, *and that death occurred at* 2 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): T. Schindewolf MD

23b. ADDRESS: 2026 So 9th St

23c. DATE SIGNED: 5-28-54

24a. BURIAL, CREMATION, REMOVAL (Specify): CREMATION

24b. DATE: 5-29-1954

24c. NAME OF CEMETERY OR CREMATORY: Missouri Crematory

24d. LOCATION (City, town, or county) (State): St.Louis, Missouri

DATE REC'D BY LOCAL REG.: MAY 29 1954

REGISTRAR'S SIGNATURE: H. Earl Smith MD

25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: McLAUGHLIN Funeral Home, Inc. 2361 Lafayette, St.Louis 4, Missouri

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed James R. C. Chapman.....

Licensed Embalmer No. 4.5..

P. O. Address St. Lau

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.