

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6853

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY	
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 <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Stone Nursing Home		e. STREET ADDRESS (If rural, give location) 5814 Maple Ave. 2059	

3. NAME OF DECEASED (Type or Print) a. (First) PETER b. (Middle) J. c. (Last) SCHNEIDER	4. DATE OF DEATH (Month) (Day) (Year) July 21 1954
--	---

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 26, 1888	9. AGE (In years last birthday) 66	10. UNDER 1 YEAR Months	11. UNDER 1 HR. Hours	12. MIN.
-------------	------------------------	--	--------------------------------	------------------------------------	-------------------------	-----------------------	----------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baker	10b. KIND OF BUSINESS OR INDUSTRY Ward Baking Co.	11. BIRTHPLACE (City and State or Foreign Country) Belleville, Ill.	12. CITIZEN OF WHAT COUNTRY?
---	---	---	------------------------------

13a. FATHER'S NAME Joseph Schneider	13b. MOTHER'S MAIDEN NAME Mary Unknown	14. NAME OF HUSBAND OR WIFE Clara A. Schneider
-------------------------------------	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No None	16. SOCIAL SECURITY NO. 489-03-5380	17. INFORMANT'S SIGNATURE OR NAME Robert Schneider	ADDRESS 5471 N. Kingshighway
---	-------------------------------------	--	------------------------------

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Bronchopneumonia ANTECEDENT CAUSES DUE TO (b) Dehydration DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Vascular Accident		INTERVAL BETWEEN ONSET AND DEATH 4 days
---	---	--	---

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION none performed	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	---	--

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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 491X
---	--	---------------------------------

22. I hereby certify that I attended the deceased from July 20, 1954, to July 21, 1954, that I last saw the deceased alive on July 21, 1954, and that death occurred at 4:40 P. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. Carl Smith, M.D.	23b. ADDRESS 607 North Grand, St. Louis, 3	23c. DATE SIGNED 7/23
--	--	-----------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 24, 1954	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
--	-------------------------	---	--

DATE RECD BY LOCAL REG. JUL 23 1954	REGISTRAR'S SIGNATURE J. Carl Smith, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser	ADDRESS 4228 S. Kingshighway Bl.
-------------------------------------	---	---	----------------------------------

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 *Richard W. Stoverson*

Licensed Embalmer No. 40

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.