

FILED DEC 16 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
318

1003

State File No. 10810
Registrar's No. 10810

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. 10810		Registrar's No. 10810						
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY _____										
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			c. LENGTH OF STAY (in this place) 4 days		c. CITY OR TOWN Hardin			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 Lutheran Hospital				e. STREET ADDRESS (If rural, give location) 8120										
3. NAME OF DECEASED (Type or Print) a. (First) Joseph			b. (Middle) C.			c. (Last) Schneider			4. DATE OF DEATH (Month) (Day) (Year) 11-21-54					
5. SEX 0 male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 3-16-1884		9. AGE (In years last birthday) 70		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) unknown			10b. KIND OF BUSINESS OR INDUSTRY unknown		11. BIRTHPLACE (City and State or Foreign Country) Illinois /			12. CITIZEN OF WHAT COUNTRY? USA						
13a. FATHER'S NAME Charles Schneider				13b. MOTHER'S MAIDEN NAME Theresa Arnold			14. NAME OF HUSBAND OR WIFE Rose Schneider							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no			16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Rose Schneider, Hardin, Ill.									
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Infarction, set on 7 days ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis DUE TO (c) Old peptic ulcer. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Old peptic ulcer.								INTERVAL BETWEEN ONSET AND DEATH 10 + yrs		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) m.			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4201	
22. I hereby certify that I attended the deceased from 8/6, 1951, to 11/21, 1954, that I last saw the deceased alive on 11/20, 1954, and that death occurred at 12:30 m., from the causes and on the date stated above.														
23a. SIGNATURE Edward W. G. Gibinski (Degree or title) MD.				23b. ADDRESS 3701 Cambridge St.				23c. DATE SIGNED 11/25/54						
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 11-22-54		24c. NAME OF CEMETERY OR CREMATORY			24d. LOCATION (City, town, or county) (State) Hardin, Illinois							
DATE REC'D BY LOCAL REG. NOV 27 1954		REGISTRAR'S SIGNATURE J. Carl Smith MD.			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hanks F.H., Hardin, Ill.									

WRITE PLAINLY—USING UNFAADING 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..... *Ben Hoffman*

Licensed Embalmer No. *432*

P. O. Address *Hon.*

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.