

FILED APR 21 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 14340

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>500</u>		Registrar's No. <u>857</u>			
1. PLACE OF DEATH a. COUNTY <u>St. Louis Co.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Fenton</u>		c. LENGTH OF STAY (in this place) <u>8 mo</u>		c. CITY OR TOWN <u>St. Louis</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Fenton Home for the Aged</u>				STREET ADDRESS (If rural, give location) <u>3647a Marceline Tr. 2009</u>					
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Xaveria</u>		b. (Middle) <u>F</u>		c. (Last) <u>Schneider</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 11/55</u>	
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED <u>never married</u>		8. DATE OF BIRTH <u>Jan. 1 1871</u>		9. AGE (in years last birthday) <u>84</u>	
10a. USUAL OCCUPATION (Give kind of work done during last year or occupation if retired) <u>House work</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Germany</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>A. Schneider</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Mueller</u>			14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give date of service) <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Pauline Mueller</u>		ADDRESS <u>3647A Margeline Tr.</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>generalized arteriosclerosis</u> 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 <u>1 day</u> <u>2 mo</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>						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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>2-15</u> <sup>1954</sup> to <u>4/11</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>2/20</u> , 19 <u>55</u> , and that death occurred at <u>11:50 P.M.</u> <sup>1955</sup> from the causes and on the date stated above.									
23a. SIGNATURE <u>W. H. Schickel</u>			(Degree or title)			23b. ADDRESS <u>Kirkwood Mo.</u>		23c. DATE SIGNED <u>4/14/55</u>	
24a. MORIAL, CREMATION, BURIAL (Specify)		24b. DATE <u>4-14-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>S.S. Peter &amp; Paul Cem</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis MO,</u>			
DATE REC'D BY LOCAL REG. <u>4/13/55</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Lamb</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>WINGBERMUEHLE</u>				ADDRESS <u>3819 So. Grand Blvd</u>

(Licensed Embalmers' Statement on Reverse Side)

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 *George J. Angermorella*

Licensed Embalmer No. 461

P. O. Address *H. J. ... 18*

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.