

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39334

State File No. ....

FILED NOV 29 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2643

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>				2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>					
b. CITY OR TOWN <b>Normandy</b>		c. LENGTH OF STAY (in this place) <b>8 months</b>		c. CITY OR TOWN <b>Spanish Lake</b>		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 <b>Hilltop House Convalescent Home</b>				STREET ADDRESS (If rural, give location) <b>13012 Lakeridge Drive</b>					
3. NAME OF DECEASED a. (First) <b>Amelia</b>			b. (Middle) <b>E</b>		c. (Last) <b>Schnittker</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Nov 10 1955</b>		
5. SEX <b>female</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED,* WIDOWED, DIVORCED (Specify) <b>widowed</b>		8. DATE OF BIRTH <b>May 7 1888</b>		9. AGE (In years last birthday) <b>67</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Homemaker</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
13a. FATHER'S NAME <b>David Ross</b>			13b. MOTHER'S MAIDEN NAME <b>Magdalena Ross</b>			14. NAME OF HUSBAND OR WIFE <b>John Schnittker (Deceased)</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (No, or unknown) (If yes, give war or dates of service) <b>NO</b>			16. SOCIAL SECURITY NO. <b>unknown</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mr. George Schnittker, 13012 Lakeridge Dr</b>				
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.		I. DISEASE OR CONDITION - DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma, fundus uteri with generalized metastases</b>					INTERVAL BETWEEN ONSET AND DEATH <b>8 yrs</b>		
		ANTECEDENT CAUSES Morbidity 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.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>172x</b>						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) m.		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>April</u> , 19 <u>55</u> , to <u>Nov. 10</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Nov 10</u> , 19 <u>55</u> , and that death occurred at <u>2:00P</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <b>John G. M. Finney M.D.</b> (Degree or title)				23b. ADDRESS <b>504 Thelma Thomas</b>			23c. DATE SIGNED <b>11/10/55</b>		
24a. DATE <b>Nov 14 1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Friedens Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Missouri</b>					
DATE REC'D BY LOCAL REG. <b>11-10-55</b>		REGISTRAR'S SIGNATURE <b>Herbert B. Doube M.D.</b>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Math. Hermann &amp; Son Inc. 2161 E. Fair Ave.</b>				

(Licensed Embalmer's 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 *Walter G Burnley*.....  
Licensed Embalmer No. *420*.....  
P. O. Address *St Louis*.....

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.