

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

FILED APR 12 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11728**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **541** Registrar's No. **882**

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO		b. COUNTY ST. LOUIS	
b. CITY OR TOWN CLAYTON		c. CITY OR TOWN UNIVERSITY CITY		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place) 3 DAYS		e. STREET ADDRESS (If rural, give location) 6601 FRANK			
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS COUNTY HOSP					

3. NAME OF DECEASED (Type or Print) a. (First) Max			b. (Middle)			c. (Last) Schneider			4. DATE OF DEATH (Month) (Day) (Year) 3 30 56				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never		8. DATE OF BIRTH UNK		9. AGE (In years last birthday) 26 75		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) DRAPER				10b. KIND OF BUSINESS OR INDUSTRY Scrap Metal				11. BIRTHPLACE (City and State or Foreign Country) USSR			12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME (UNK.) Schneider			13b. MOTHER'S MAIDEN NAME (UNK.)			14. NAME OF HUSBAND OR WIFE Betty					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) No			16. SOCIAL SECURITY NO. None			17. INFORMANT'S SIGNATURE OR NAME Betty Schneider			ADDRESS 6601 Frank		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction							
		ANTECEDENT CAUSES							
		*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.							
		Morbid 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						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 **3-26, 1956**, to **3-30, 1956**, that I last saw the deceased alive on **3-30, 1956**, and that death occurred at **5:00 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Joseph G. Ernst MD		23b. ADDRESS 601 So. Brentwood		23c. DATE SIGNED 3/31/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 3/1/56		24c. NAME OF CEMETERY OR CREMATORY CHESA KANSAS	
				24d. LOCATION (City, town, or county) UNIV. CITY MO	

DATE REC'D BY LOCAL REG. 3-31-56		REGISTRAR'S SIGNATURE Herbert R. Dombrowski		25. FUNERAL DIRECTOR'S SIGNATURE Merrod - 8711 The Phoenix		ADDRESS	
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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 *Lewis P. Rindberg*.....

Licensed Embalmer No. *1234*.....

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.