

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3068

FILED FEB 4 1957

318

1003

STATE FILE NUMBER

663

Registration District No. Primary Registration District No. Registrar's No.

health, Welfare Public service
300 1-56
All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jewish Hosp.			Length of stay in lb 58 yrs		STREET ADDRESS 6929 Wise		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) LOUIS SCHNEIDER			First Middle Last		4. DATE OF DEATH Jan. 21, 1957			Month Day Year	
5. SEX male		6. COLOR OR RACE white		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Mar. 15, 1897		9. AGE (In years last birthday) 59	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retail Clerk			10b. KIND OF BUSINESS OR INDUSTRY Dept. Store		11. BIRTHPLACE (City and state or country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Max Schneider					14. MOTHER'S MAIDEN NAME Mollie (unk)				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) yes WW I			16. SOCIAL SECURITY NO. 488-03-4353		17. INFORMANT Address Mrs. Rose Schneider 6929 Wise				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Bile nephrosis DUE TO (c) hemolytic of blood 586x								INTERVAL BETWEEN ONSET AND DEATH 10 days	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Post op expt. of common duct. & infarctile								19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I of Part II of item 18.)						
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION St. Louis		COUNTY St. Louis		STATE MO
21. I attended the deceased from 7/10/56 to 1/21/57 and last saw him alive on 1/20/57 Death occurred at 5:20 A m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE S. London M.D. (Degree or title)					22b. ADDRESS 462 W. Taylor			22c. DATE SIGNED 1/21/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE JAN 23, 1957		23c. NAME OF CEMETERY OR CREMATORY B'Nai Amoona Cem.			23d. LOCATION (City, town, or county) Univ. City, Mo.		
24. FUNERAL DIRECTOR ADDRESS Berger Memorial 4715 McPherson				25. DATE RECD. BY LOCAL REG. JAN 22 '57			26. REGISTRAR'S SIGNATURE J. Carl Smith MO		

x St. Louis Jewish Hosp. 58 yrs 4 days wise x
 x St. Louis Mo. SCHNIDDER Jan. 15, 1897 x
 x Retail Clerk Max Schneider white male x
 Dept. Store St. Louis, Mo. (unk) Mollie
 Mrs. Rose Schneider 6929 Wise 488-03-4323 I WW ves

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by Student Embalmer No.
 working under my personal supervision.

Student
 Signature of Student Embalmer

Signed *Quis P. Anderson*
 Licensed Embalmer No. 48

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. ()
 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

Berger Memorial 4715 McPherson