

FILED FEB 18 1957

THE DEPARTMENT OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

7041

Registration District No. 317

Primary Registration District No. 590

Registrar's No. 197

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)				
a. COUNTY St. Louis				a. STATE Missouri b. COUNTY St. Louis				
b. CITY (If outside corporate limits, give TOWNSHIP only)		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Florissant 4000		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location)		Length of stay in 1b 5 St. Charles St. 17yrs.		d. STREET ADDRESS 5 St. Charles St. (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print)			First	Middle	Last	4. DATE OF DEATH		
CONRAD			S.	SCHNIEDERJANS	Jan. 21, 1957		Month Day Year	
5. SEX	6. COLOR OR RACE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		8. DATE OF BIRTH		9. AGE (In years last birthday)	IF UNDER 1 YEAR	
male	white	WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		Dec. 27, 1891		65	IF UNDER 24 HRS.	
				Months	Days	Hours	Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, except if retired)				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country)		
warehouse man (retired)						St. Latoria, Ill.		
12. CITIZEN OF WHAT COUNTRY?				USA				
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME				
Henry Schniederjans				Mary Raker				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.	17. INFORMANT				
Yes			World War 1	488-01-4148	Mary Schniederjans 5 St. Charles			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]								
PART I. DISEASE WAS CAUSED BY:								
IMMEDIATE CAUSE (a) In yocardial Infarction								
DUE TO (b) Hypertension								
DUE TO (c)								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)								
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>								
20a. ACCIDENT	SUICIDE	HOMICIDE	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
20c. TIME OF INJURY	Hour	Month, Day, Year						
	a. m.							
	p. m.							
20d. INJURY OCCURRED		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE	
WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>								
21. I attended the deceased from 11/12/56 to 1/16/57 and last saw ^{him} alive on 1/16/57								
Death occurred at 12:45 P m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title)				22b. ADDRESS		22c. DATE SIGNED		
Jack T. Keefe M.D.				402 N. Florissant		1/23/57		
23a. BURIAL, CREATION, REMOVAL (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)			
removal		Jan 24 1957	Calvary Cemetery		St. Louis, Missouri			
24. FUNERAL DIRECTOR			ADDRESS	25. DATE RECD. BY LOCAL REG.		26. REGISTRAR'S SIGNATURE		
Bromschwig and Son			/ W Florissant	4746		1-23-57		
						Herbert B. Donahue		

(Licensed Embalmer's Statement on Reverse Side)

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

300
1-56Health
Welfare
Public
Service

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 *G. W. Wilkinson*

Licensed Embalmer No. *35*

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: