

FILED OCT 21 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38113**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **9635**

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, write RURAL and give township) OR TOWN **St. Louis**

c. CITY OR TOWN **St. Louis**
d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION **St. Louis Chronic Hosp.**

STREET ADDRESS (If rural, give location) **727 N. Thrush**

3. NAME OF DECEASED (Type or Print)
a. (First) **Michael**
b. (Middle) _____
c. (Last) **Schneider**

4. DATE OF DEATH (Month) (Day) (Year)
Oct. 14, 1957

5. SEX **male**

6. COLOR OR RACE **white**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **married**

8. DATE OF BIRTH **Aug. 23, 1879**
9. AGE (In years last birthday) **78**
IF UNDER 1 YEAR: Months _____ Days _____
IF UNDER 18 HRS.: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Retired Car Builder**

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (City and State or Foreign Country) **Mo.**

12. CITIZEN OF WHAT COUNTRY? **U. S. A.**

13a. FATHER'S NAME **George Schneider**

13b. MOTHER'S MAIDEN NAME **Catherine ?**

14. NAME OF HUSBAND OR WIFE **unk.**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No**

16. SOCIAL SECURITY NO. **488-05-1879**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Lola Hunter, St. Charles, Mo.**

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.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Myocardial Infarction**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **Arteriosclerotic Heart Disease**
DUE TO (c) **Generalized Arteriosclerosis**

INTERVAL BETWEEN ONSET AND DEATH
2 days
6 wks.
6 wks.

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____
420.0

20. AUTOPSY? **2**
YES NO

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) _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **8-30-57**, 19____, to **10-14-57**, 19____, that I last saw the deceased alive on **10-14-57**, 19____, and that death occurred at **7:45am.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **John W. Beckham, M.D.**

23b. ADDRESS **5800 Arsenal St.**

23c. DATE SIGNED **10/14/57**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal**

24b. DATE **10-18-57**

24c. NAME OF CEMETERY OR CREMATORY **Oak Grove**

24d. LOCATION (City, town, or county) (State) **St. Charles, Mo.**

DATE REC'D BY LOCAL REG. **OCT 15 '57**

REGISTRAR'S SIGNATURE **J. Carl Smith M.D.**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **P. L. Prineas, St. Charles Mo.**

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 *Robert M. Murray*

Licensed Embalmer No. *374*

P. O. Address *St. Louis, Mo.*

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.

Initials

If this body is not embalmed, fact should be so stated above.