

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JAN 30 1958

3560

STATE FILE NUMBER

318

1003

536

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

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>1443 Chambers St.</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>01/ 1443 Chambers</i>			Length of stay in lb	d. STREET ADDRESS <i>26 St. Louis, Mo.</i>			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <i>Elizabeth</i> Middle <i>V.</i> Last <i>Schneider</i>				4. DATE OF DEATH Month <i>Jan</i> Day <i>15</i> Year <i>1958</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <i>Feb 6 1897</i>		9. AGE (In years last birthday) <i>60</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <i>St. Louis, Mo.</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>John W. Nelson</i>				14. MOTHER'S MAIDEN NAME <i>Mary Wesolowski</i>			
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 Name <i>Me, M. Mueller</i> Address <i>1441 Chambers</i>			
18. CAUSE OF DEATH [Enter only one cause for time for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Gunshot wound of the Heart &amp; Spine</i>							INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)		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 <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <i>Suffered while with gun in yard behind of one Stue Chambers about 9:20 a.m.</i>				
20c. TIME OF INJURY Hour <i>9:20</i> a. m. Month <i>1</i> Day <i>15</i> Year <i>1958</i>		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.) <i>Yard</i>		20f. CITY, TOWN, OR LOCATION <i>St Louis Mo</i>	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <i>946 1/2</i> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>James M Seely</i> (Deputy or title) <i>Deputy</i>				22b. ADDRESS <i>1300 Clark</i>		22c. DATE SIGNED <i>1-16-58</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <i>1-18-58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Duway Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Charlottesville Ill</i>		
24. FUNERAL DIRECTOR <i>Central Funeral Home</i> ADDRESS <i>1841 Cass Ave</i>				25. DATE RECD. BY LOCAL REG. <i>JAN 16 '58</i>		26. REGISTRAR'S SIGNATURE <i>Carl Smith</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.....  
*J. M. Pister*

Licensed Embalmer No. 390

P. O. Address *St. Louis*

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.