

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-016427

STATE FILE NUMBER 4272

FILED MAY 12 1958

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

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 (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 Chesterfield		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John Hosp.			Length of stay in lb 1 day		d. STREET ADDRESS Highway 40		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Annie Middle Schneider Last Schneider				4. DATE OF DEATH Month April Day 17 Year 1958					
5. SEX Female	6. COLOR OR RACE white	7. MARRIED: <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> <input type="checkbox"/> WIDOWED <input type="checkbox"/> <input type="checkbox"/> DIVORCED	8. DATE OF BIRTH July 6 1904		9. AGE (In years last birthday) 53		IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Took in washing			10b. KIND OF BUSINESS OR INDUSTRY in home		11. BIRTHPLACE (City and state or country) Chesterfield, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Joseph Schneider				14. MOTHER'S MAIDEN NAME Susan Griffith					
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. no		17. INFORMANT August Schneider Address Chesterfield, Mo					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Shock							INTERVAL BETWEEN ONSET AND DEATH 6 hours		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) generalized peritonitis							24 hours		
DUE TO (c) Perforation diverticulum sigmoid							36 hours		
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 checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 572.1						
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 —		COUNTY —		STATE —	
21. I attended the deceased from April 15 to April 17 1958 and last saw her April 16 this alive on — m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Name or title) Carl M. Schrader				22b. ADDRESS 2322 N Kings Highway			22c. DATE SIGNED 4/19/58		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 4-18-58	23c. NAME OF CEMETERY OR CREMATORY Gumbo Cemetery			23d. LOCATION (City, town, or county) State Gumbo Mo.			
24. FUNERAL DIRECTOR Schrader Funeral Home Ballwin Mo. ADDRESS —				25. DATE RECD. BY LOCAL REG. APR 19 58		26. REGISTRAR'S SIGNATURE Carl Smith - md			

(Licensed Embalmer's Statement on Reverse Side)

health, Welfare public service
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300
-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

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.....
Richard Bopp

Licensed Embalmer No. *45*

P. O. Address *Bellview*

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.