

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-020120

STATE FILE NUMBER

FILED JUN 11 1958

Registration District No. _____

318

Primary Registration District No. _____

1003

Registrar's No. 5492

300

1-57

FL 1-3383

All deaths in Part I must be causally related.

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 Missouri 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 Alexian Brothers Hospital		Length of stay in lb 2/59	d. STREET ADDRESS (If outside, give location) 5405 Dresden Ave		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First ARTHUR Middle EDWARD Last SCHNEIDER			4. DATE OF DEATH Month 5 Day 24 Year 1958		
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 1-26-1895	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mill Worker		10b. KIND OF BUSINESS OR INDUSTRY Anheuser-Busch Inc	11. BIRTHPLACE (City and state or country) St. Louis Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Joseph W. Schneider		13b. MOTHER'S MAIDEN NAME Katherina Sprock		14. NAME OF HUSBAND OR WIFE Lena Schneider	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes W.V. 51		16. SOCIAL SECURITY NO. 497-07-6991	17. INFORMANT Lena Schneider Address 5405 Dresden Ave		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Atherosclerosis DUE TO (c) 331x PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (not related to the terminal disease condition given in PART I (a)) Coronary Artery Disease					INTERVAL BETWEEN ONSET AND DEATH 15 yrs
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 or PART II of item 18.) 331x				
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	20d. INJURY OCCURRED WHILE AT <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 5-19-58 to 5-24-58 and last saw ^{her} him alive on 5-27-58 Death occurred at 152 P m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Charles A. Neider MD			22b. ADDRESS 5600 S Compton		22c. DATE SIGNED 5-26-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5-27-1958	23c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cemetery		23d. LOCATION (City, town, or county) 7901 Gravois Ave. Mo	(State)
24. FUNERAL DIRECTOR The Johnson Bros.		ADDRESS 6409 Gravois Ave	25. DATE RECD. BY LOCAL REG. MAY 26 '58	26. REGISTRAR'S SIGNATURE Charles Smith MD	

