Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-003481
STATE FILE NUMBER 75

FILED JAN 26 1959 Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN: St. Louis — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Firmin DeLoge Hosp/ — Length of stay in Hospital: 12 hrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St. Louis — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 505 W. Poepping St. — Reside on Farm: Yes [ ] No [ ]

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3. NAME OF DECEASED (Type or print): First: Leo — Middle: J. — Last: Schnelting

4. DATE OF DEATH: Month, Day, Year: Jan. 3, 1959

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH: January 3, 1894

9. AGE (In years last birthday): 65 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Boilermaker- Retired

10b. KIND OF BUSINESS OR INDUSTRY: Boiler ConStruction

11. BIRTHPLACE (City and state or country): St. Louis, Missouri.

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

13a. FATHER'S NAME: Henry Schnelting

13b. MOTHER'S MAIDEN NAME: Marie Eisenbach

14. NAME OF HUSBAND OR WIFE: Marie

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

16. SOCIAL SECURITY NO.: 494-03-3316

17. INFORMANT: Mrs. Marie Schnelting — Address: 505 W. Poepping St.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Coronary Thrombosis 260 X H	Instantaneous
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	~~Diabetes Mellitus~~	~~? 5 yrs.~~
DUE TO (c)	Carcinoma of Colon; Metastasis to Liver	?

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Left renal cyst

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. — Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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 Dec. 29, 1958 to Jan. 3, 1959 and last saw him alive on Jan. 2, 1959
Death occurred at 3 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): M.D.

22b. ADDRESS: 4145 a S. Grand Blvd.

22c. DATE SIGNED: 1.3.59

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: Jan. 7, 1959

23c. NAME OF CEMETERY OR CREMATORY: Mt. Hope Cemetery

23d. LOCATION (City, town, or county) (State): 1215 Lemay Ferry Rd. Lemay, Mo.

24. FUNERAL DIRECTOR — ADDRESS: C. Hoffmeister Mortuaries 7814 S. Broadwau

25. DATE RECD. BY LOCAL REG.: JAN 5 '59

26. REGISTRAR'S SIGNATURE: J. Earl Smith M.D. S.P.

(Licensed Embalmer's Statement on Reverse Side)

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 ..... Signed [illegible]
Signature of Student Embalmer

Licensed Embalmer No. 4764

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.

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