

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-015685

STATE FILE NUMBER
2-3465

FILED APR 24 1959

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

300
-57

6

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 type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis, Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Pronounced Dead at City Hospital,		Length of stay in lb	d. STREET ADDRESS (If outside, give location) 4244 Oregon Ave., Reside on Form Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Alois Middle Last Schneider,			4. DATE OF DEATH Month April Day 7, Year 1959
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 February 28, 1889
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver-City Ice & Fuel		10b. KIND OF BUSINESS OR INDUSTRY Retired 4 Yrs,	9. AGE (In years last birthday) 70 IF UNDER 1 YEAR Months Days Hours Min.
11. BIRTHPLACE (City and state or country) Austria,		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Schneider,		13b. MOTHER'S MAIDEN NAME Dont Know	14. NAME OF HUSBAND OR WIFE Margaret Schneider,
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. 494-09-4064	17. INFORMANT Margaret Schneider, Address 4244 Oregon 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) Arteriosclerotic Heart Disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arteriosclerosis DUE TO (c) 420.0			INTERVAL BETWEEN ONSET AND DEATH
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"/> 2
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.)	
20c. TIME OF INJURY Hour Month, Day, Year 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 _____ to _____ and last saw her/him alive on _____ Death occurred at 7:25 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Patrick Taylor Cozart (Degree title)		22b. ADDRESS 1300 Clark	22c. DATE SIGNED 4.8.59
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal.	23b. DATE 4/10/59	23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery,	23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri,
24. FUNERAL DIRECTOR Gebken-Benz Mortuary, ADDRESS 2842 Meramec St.,		25. DATE RECD. BY LOCAL REG. APR 8 '59	26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 byme....., Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed
Joe B. Benz

Licensed Embalmer No.4219.....
2842 Meramec St.,
P. O. Address....St. Louis, 18, 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.