Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-015687

STATE FILE NUMBER 2 3714

FILED MAY 6 1959 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 Missouri, b. COUNTY
b. CITY OR TOWN St. Louis, Inside Limits Yes ☐ No ☐	c. CITY OR TOWN St. Louis, Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 3109 Keokuk St., Length of stay in Ib	d. STREET ADDRESS (If outside, give location) 3109 Keokuk St., Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Middle Last Alphonse Schneiderhahn,				4. DATE OF DEATH Month Day Year April 12, 1959
5. SEX Male. 0	6. COLOR OR RACE White,	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐ 2	8. DATE OF BIRTH November 6, 1876	9. AGE (In years last birthday) 82 — 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) Investment Broker,	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) St. Louis, Missouri,		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Maximilian Schneiderhahn,	13b. MOTHER'S MAIDEN NAME Frances Bleckmann,	14. NAME OF HUSBAND OR WIFE (dec'd.) Wilhelmina Schneiderhahn,		
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. 490-36-1898	17. INFORMANT Address Mrs. Valeria Gaynor, 3109 Keokuk St.,		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, Coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. 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).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Coronary occlusion — 1 hr

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Arteriosclerotic Cardiovascular Renal disease — 20 yr

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 420.1

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

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 2-17-50, to 4-11-59 and last saw her/him alive on 4-11-59

Death occurred at 8:30 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Earl Smith MD	22b. ADDRESS 5600 S Compton	22c. DATE SIGNED 4-14-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal.	23b. DATE 4/16/59	23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery,	23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
24. FUNERAL DIRECTOR ADDRESS Gebken-Benz Mortuary, 2842 Meramec St., St. Louis, 18, Mo.	25. DATE RECD. BY LOCAL REG. APR 15 '59	26. REGISTRAR'S SIGNATURE Earl Smith, M.D. S.P.	

(Licensed Embalmer's Statement on Reverse Side)

MAY 6 1959

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

Student .....
Signature of Student Embalmer

Signed Joe B. Benz

Licensed Embalmer No. 4249

P. O. Address 2842 Meramec S
St. Louis, 18,

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.