

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

-60-028773

FILED VS JUL 1 9 1960

Registration District No. _____

318

Primary Registration District No. _____

1003

Registrar's No. _____

6498

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Missouri		Length of stay in 1b 4 DAYS	c. CITY OR TOWN St. Louis - 30
c. FULL NAME OF (If NOT in Hospital, give location) HOSPITAL OR INSTITUTION Jewish Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 7425 SALCEN COURT

3. NAME OF DECEASED (Type or print) First Middle Last LINDA ANNE SCHNEIDER			4. DATE OF DEATH Month Day Year 6 - 25 - 60			
5. SEX FEMALE	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-21-60	9. AGE (last birthday)	IF UNDER 1 YEAR Months Days Hours Min. 4 1 16	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) NONE		10b. KIND OF BUSINESS OR INDUSTRY NONE		11. BIRTHPLACE (City and state or country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME JOSEPH SCHNEIDER		13b. MOTHER'S MAIDEN NAME NADINE BARG		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT Address NADINE SCHNEIDER, 7425 SALCEN CT. ST. LOUIS MO	

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) Meningitis (?)		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Septicemia (?)	768.0
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	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 a.m. p.m. Month, Day, Year					
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 **6-21-60** to **6-25-60** and last saw her alive on **6-25-60**
Death occurred at **5:20 P.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Marshall Sherman, M.D.	22b. ADDRESS 950 Francis P.L. Clayton	22c. DATE SIGNED 6-28-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 6-27-60	23c. NAME OF CEMETERY OR CREMATORY MT. OLIVE CEM	23d. LOCATION (City, town, or county) (State) LEWIS CITY MO
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24. FUNERAL DIRECTOR ADDRESS BERLIER MEMORIAL 4715 McPHERSON	25. DATE RECD. BY LOCAL REG. JUN 27 1960	26. REGISTRAR'S SIGNATURE Neal Smith, M.D.
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 not embalmed, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Jacobus J. D.
Licensed Embalmer No. 3988

P. O. Address _____

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.