URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

60-029262
STATE FILE NUMBER

XC-2457.710 Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2201

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1. PLACE OF DEATH
a. COUNTY: ST. LOUIS
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: JEFFERSON BARRACKS, MO. — Length of stay in 1b: 1021 DAYS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: VETERANS ADMINISTRATION HOSPITAL — Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: ILLINOIS b. COUNTY: ST. CLAIR
c. CITY OR TOWN: EAST CARONDOLET — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): ROUTE 1 — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: JULIUS Middle: ARTHUR Last: SCHNEIDER
4. DATE OF DEATH: Month 7 Day 22 Year 60
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 2-19-79
9. AGE (last birthday): 81
IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RAILROAD WORKER (RETIRED)
10b. KIND OF BUSINESS OR INDUSTRY: RAILROAD
11. BIRTHPLACE (City and state or country): ST.MARIE, ILLINOIS
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: FRANCIS SCHNEIDER
13b. MOTHER'S MAIDEN NAME: MARIE HUSS
14. NAME OF HUSBAND OR WIFE: THERESA A. SCHNEIDER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): SPAW
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT: Mrs.Theresa A.Schneider,Rt #1,East Address: Carondolet, Ill.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): CORONARY THROMBOSIS DUE TO ARTERIOSCLEROSIS — INTERVAL BETWEEN ONSET AND DEATH: 5 minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): ARTERIOSCLEROSIS GENERAL — 6½ years
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. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ 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 VA attended the deceased from 10-5-57 to 7-22-60 and last saw him alive on
Death occurred at 3:10 PM m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): C.M. Schiek C.M. SCHIEK, Act.Dir.Prof. Services, M.D.
22b. ADDRESS: VA Hosp.Jeff. Brks. Mo.
22c. DATE SIGNED: 7-22-60
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 7-22-1960
23c. NAME OF CEMETERY OR CREMATORY: Mt. Carmel
23d. LOCATION (City, town, or county) (State): Belleville Ill.
24. FUNERAL DIRECTOR ADDRESS: Burke Funeral Home E. St. Louis, Ill
25. DATE RECD. BY LOCAL REG.: 7-23-60
26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Chas M. V Bu

Signature of Student Embalmer

Licensed Embalmer No. 2421

P. O. Address East St

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.