

AN 9
INDEXED

1961

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 12058

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			Length of stay in 1b 6 YEARS		c. CITY OR TOWN ST. LOUIS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5830 NOTTINGHAM			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 5830 NOTTINGHAM
3. NAME OF DECEASED (Type or print) First Middle Last WALTER H. SCHNEIDER SR.			4. DATE OF DEATH Month Day Year DECEMBER 14, 1960		
5. SEX MALE	6. COLOR OR RACE CAUCASIAN	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/25/1900	9. AGE (last birthday) 60	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED (DIS'T. MGR)			10b. KIND OF BUSINESS OR INDUSTRY COATS AND CLARK CO.	11. BIRTHPLACE (City and state or country) ST. LOUIS, MISSOURI	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME CHARLES SCHNEIDER		13b. MOTHER'S MAIDEN NAME EMMA (LAST UNKNOWN)		14. NAME OF HUSBAND OR WIFE MARIE A. 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. 083-10-5126		17. INFORMANT MARIE A. SCHNEIDER Address SEE #2	

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) <i>Sunshot Wound of head, when found in basement of home on December 14, 1960.</i>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>Whether suicidal or accidental could not be determined.</i>		
	DUE TO (c) <i>Open Verdict 976x</i>		
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

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.) <i>See above</i>
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Home</i>
20f. CITY, TOWN, OR LOCATION <i>St Louis Mo</i>		COUNTY STATE
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____. Death occurred at _____ <i>250 P.</i> on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE <i>Paul J. Amuth</i>		(Degree or Title) <i>Coroner</i>	22b. ADDRESS <i>1300 Clark</i>	22c. DATE SIGNED <i>12/16/60</i>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>12/17/1960</i>	23c. NAME OF CEMETERY OR CREMATORY <i>CALVARY CEMETERY</i>	23d. LOCATION (City, town, or county) <i>ST. LOUIS, MISSOURI</i>	

24. FUNERAL DIRECTOR ADDRESS HOFFMEISTER COLONIAL MORTUARY 6464 CHIPPEWA STREET ST. LOUIS, MISSOURI		25. DATE RECD. BY LOCAL REG. DEC 16 1960	26. REGISTRAR'S SIGNATURE <i>Loan Amuth, M.D.</i>
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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 _____ or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

John L. Denne

Licensed Embalmer No. 4194

P. O. Address St. Louis

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.