SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-027856
STATE FILE NUMBER

AMENDED

Registration District No. 317 Primary Registration District No. 531 Registrar's No. 1839

FILED JUL 19 1961

DATE AMENDED

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN University City
Length of stay in 1b Life
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 564 Kingsland Ave
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo COUNTY St. Louis
c. CITY OR TOWN University City
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 564 Kingsland AVe.
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First William Middle Henry Last Schneider
4. DATE OF DEATH Month June Day 29 Year 1961
5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH Jan. 7 1905
9. AGE (last birthday) 56
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) Custodian
10b. KIND OF BUSINESS OR INDUSTRY Berckley School
11. BIRTHPLACE (City and state or country) St. Louis Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Jodn Julius Schneider
13b. MOTHER'S MAIDEN NAME Anna Louisa Wiess
14. NAME OF HUSBAND OR WIFE Ada Lee Schneider
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
17. INFORMANT Ada Lee Schneider Address 564 Kingsland

INSTEAD OF

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) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: Minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — 1 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) Pulmonary Emphysema
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 attended the deceased from 4/60, to 6/61 and last saw him alive on 3/61
Death occurred at 8:40 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Peter W. Kinsella (Degree or title) MD
22b. ADDRESS 3720 Washington
22c. DATE SIGNED 7/1/61

SHOULD READ

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 7/3/61
23c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery
23d. LOCATION (City, town, or county) St. Louis Co. (State) Missouri
24. FUNERAL DIRECTOR Alexander & Sons ADDRESS 6175 Delmar
25. DATE RECD. BY LOCAL REG. 7-3-61
26. REGISTRAR'S SIGNATURE John B. Murphy M.D.

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

(Licensed Embalmer's Statement on Reverse Side)

Dr. Peter Kinsella

3720 Washington Ave

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 _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Jos. E McCullok

Licensed Embalmer No. 2460

P. O. Address 6175 Illinois

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