

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-020958

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **4749**

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAY 23 1962

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 9 days		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis		c. CITY OR TOWN Chesterfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Deaconess Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS Highway 340		(If outside, give location)		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) John Schneider			First Middle Last			4. DATE OF DEATH May 7 1962			Month Day Year		
5. SEX M		6. COLOR OR RACE W		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 3-21-1887		9. AGE (last birthday) 75		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and state or country) Creve Coeur, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.					
13a. FATHER'S NAME Adam Schneider			13b. MOTHER'S MAIDEN NAME Ida Malitz			14. NAME OF HUSBAND OR WIFE Mary B. Schneider					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give year or dates of service) No None		16. SOCIAL SECURITY NO. [Redacted]		17. INFORMANT Mary B. Schneider-Chesterfield, Mo.		Address					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute MYOCARDIAL INFARCTION								INTERVAL BETWEEN ONSET AND DEATH 1 week			
DUE TO (b) Arteriosclerotic HEART DISEASE								5 years			
DUE TO (c) 420.0											
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) MYOCARDIAL INFARCTION, OLD								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 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 1/13/61 to 5/7/62 and last saw him alive on 5/7/62		Death occurred at 11:30 PM on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE Lee W Hawkins MD				(Degree or title)				22b. ADDRESS 1 Clarkton Rd. Chesterfield, Mo.		22c. DATE SIGNED 5/9/62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 5-11-1962		23c. NAME OF CEMETERY OR CREMATORY St. Monica Cemetery		23d. LOCATION (City, town, or county) Creve Coeur, Missouri		(State)			
25. DATE RECD. BY LOCAL REG. MAY 9 1962				26. REGISTRAR'S SIGNATURE Loan Smith, M.D.							

USE BLACK INK OR TYPEWRITER RIBBON

BAUMANN BROS. INC. FUNERAL HOME
2504 WOODSON ROAD

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 Jan M. Sizemore

Licensed Embalmer No. 4243

P. O. Address St. Louis Mo.

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.