

No. 300
10.48

FILED OCT 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35310
8876
Registrar's No.

1003

REG. DIST. NO. 318

PRIMARY REG. DIST. NO.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO.		State File No. 35310 8876	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2049	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist Hospt				d. STREET ADDRESS (If rural, give location) 7029 Ethel Ave 0			
3. NAME OF DECEASED (Type or Print) a. (First) Remig b. (Middle) Schneider c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Oct 18 1950				
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 23 1865		9. AGE (In years last birthday) 85	10 UNDER 1 YEAR Months	11 UNDER 12 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Germany 4		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME ? Schneider		13b. MOTHER'S MAIDEN NAME Dont Know		14. NAME OF HUSBAND OR WIFE Elizabeth 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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Wm Euler 30Barnstable Drive			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>This does not mean the mode of dying, such as heart failure, embolism, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic pneumonia INTERVAL BETWEEN ONSET AND DEATH 10 days *This does not mean the mode of dying, such as heart failure, embolism, etc. It means the disease, injury, or complication which caused death. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Intertrochanteric fracture left femur 6-28-50 DUE TO (c) Senility.				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility.	
19a. DATE OF OPERATION 6-30-50		19b. MAJOR FINDINGS OF OPERATION Comminuted intertrochanteric fracture left femur. 400				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Manchester Nursing		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Home, Manchester, Mo. 9030			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 8-28-50 2:22		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Had a fall. 2X			
22. I hereby certify that I attended the deceased from 6-29-50, 19___, to 10-18-50, 19___, that I last saw the deceased alive on 10-18-50, 19___, and that death occurred at 10:45 P.M. from the causes and on the date stated above.							
23a. SIGNATURE <i>Wm Euler</i> (Degree or title) M. D.				23b. ADDRESS 4500 Olive St., St. Louis, Mo.		23c. DATE SIGNED 10-19-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct 21 1950	24c. NAME OF CEMETERY OR CREMATORY Old St. Marcus Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Mo.		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE OCT 20 1950 <i>J. B. Lassater</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jos. W. Clark 1125 Hodiamont Av					

JAN 19 1951

Dr. Bohne W.R.

Lester Bldg

3 toSS
Forest 3800

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed Elmo R. Godwell

Signed.....
Student Embalmer

Licensed Embalmer No. 4077

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 this body is not embalmed, fact should be so stated above.