

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 28 1951

151777

State File No.

BIRTH NO. 11965-51 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 948

1. PLACE OF DEATH a. COUNTY <u>St Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>St Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>NORMANDY</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>NORMANDY 4171</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>7732 SPRINGDALE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7732 SPRINGDALE</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>KARL</u>	b. (Middle) <u>MAX</u>	c. (Last) <u>SCHNEIBNER</u>	4. DATE OF DEATH (Month, Day, Year) <u>April 11-1951</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>JUN 17-1951</u>	9. AGE (In years, last birthday) <u>2</u> IF UNDER 1 YEAR: Months <u>2</u> Days <u>21</u> IF UNDER 12 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>MO. St Louis Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>
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13a. FATHER'S NAME <u>ALBIN ERNST SCHNEIBNER</u>	13b. MOTHER'S MAIDEN NAME <u>ASAY MARRILYN</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>ALBIN ERNST SCHNEIBNER</u>	ADDRESS <u>7732 SPRINGDALE</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congenital Hydrocephalus</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from March 20, 1951, to April 11, 1951, that I last saw the deceased alive on April 2, 1951, and that death occurred at 9 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>William H. Ogarius M.D.</u> (Degree or title)	23b. ADDRESS <u>4814 Arsenal St.</u>	23c. DATE SIGNED <u>4-11-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>CREMATION</u>	24b. DATE <u>MAY 10 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>VALNATA</u>	24d. LOCATION (City, town, or county) (State) <u>WELLSTON MO</u>
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DATE REC'D BY LOCAL REG. <u>4/12/51</u>	REGISTRAR'S SIGNATURE <u>Robert P. Tombs</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Wm Curran Kirk</u>	ADDRESS <u>7267 NATURAL BRIDGE</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

No Embalmer

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *James A. Lemmers*

Licensed Embalmer No. *4142*

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