

FILED MAY 31 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19051

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2269

| | | | |
|--|--|---|--|
| 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) OR TOWN <u>Gardenville</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gardenville</u> <u>2610</u> | |
| c. LENGTH OF STAY (In this place) <u>26 yrs</u> | | d. STREET ADDRESS (If rural, give location) <u>4715 Heidelberg</u> <u>0</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4715 Heidelberg</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>May 23, 1951</u> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Mathias</u> b. (Middle) _____ c. (Last) <u>Schneider</u> | | 5. SEX <u>male</u> 6. COLOR OR RACE <u>white</u> | |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | | 8. DATE OF BIRTH <u>May 16, 1887</u> | |
| 9. AGE (In years last birthday) <u>64</u> | | 10. UNDER 1 YEAR Months _____ Days _____ 11. UNDER 1 MRS. Hours _____ Min. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | |
| 11. BIRTHPLACE (State or foreign country) <u>Hungary</u> <u>8</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>Frank Schneider</u> | | 13b. MOTHER'S MAIDEN NAME <u>Hoffmann</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Marie Schneider</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | |
| 16. SOCIAL SECURITY # <u>493-10-7126</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Marie Schneider 4715 Heidelberg</u> | |
| 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, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Intest. & Rectum</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs.</u> | |
| ANTECEDENT CAUSES <u>T. P. Davis</u> DUE TO (b) _____ | | | |
| Morbid conditions, if any, giving 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 <u>177X</u> | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| 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) _____ | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 21f. HOW DID INJURY OCCUR? _____ | | | |
| 22. I hereby certify that I attended the deceased from <u>Jan 5</u> , 19 <u>49</u> , to <u>May 25</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>5/22</u> , 19 <u>51</u> , and that death occurred at <u>10:25 P.M.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>Civ. [Signature]</u> (Degree or title) | | 23b. ADDRESS <u>1504 Ashland</u> | |
| 23c. DATE SIGNED <u>5/25/51</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | | 24b. DATE <u>5/26/51</u> | |
| 24c. NAME OF CEMETERY OR CREMATORY <u>SS Peter & Paul Cem.</u> | | 24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>5-25-51</u> | | REGISTRAR'S SIGNATURE <u>Herbert P. Lonke</u> | |
| 25. FUNERAL DIRECTOR'S SIGNATURE <u>L. Ziegenhein & Sons</u> | | ADDRESS <u>7027 Gravois</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

W. G. Peterson

Licensed Embalmer No. *2767*

P. O. Address *7027 Gravois*

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.