

No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42651**

FILED DEC 19 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 241

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

1. PLACE OF DEATH a. COUNTY <u>St Charles</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Mo</u> b. COUNTY <u>St Charles</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Charles</u>		c. LENGTH OF STAY (in this place) <u>50 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Charles Rural</u>		0923
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Joseph's Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>8 mi South West</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Magdalena</u> c. (Last) <u>Schneider</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 7 1951</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>July 22-1863</u>	9. AGE (In years last birthday) <u>88</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>15</u>	IF UNDER 11 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home Duties</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Germany</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>John Adler</u>	13b. MOTHER'S MAIDEN NAME <u>Frances Kessler</u>	14. NAME OF HUSBAND OR WIFE <u>August Schneider</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Adrian Schneider</u>	ADDRESS <u>St Charles</u>
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18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive cardio vascular renal disease</u>	DUE TO (b) <u>Arteriosclerosis generalized</u>		<u>2 yrs.</u>
* This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	DUE TO (c)		<u>10 yrs.</u>
II. OTHER SIGNIFICANT CONDITIONS	Conditions contributing to the death but not related to the disease or condition causing death. <u>Probable carcinoma of intestinal tract.</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>442 X H</u>	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)
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?

22. I hereby certify that I attended the deceased from 8-6-50, 1950, to 12-7, 1951, that I last saw the deceased alive on 12-7, 1951, and that death occurred at 5 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Edw. Lawrence M.D.</u>	23b. ADDRESS <u>114 N. Main St., St. Charles</u>	23c. DATE SIGNED <u>12-10-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-9-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Weldon Spring Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Weldon Spring Mo</u>
DATE REC'D BY LOCAL REG. <u>12-12-51</u>	REGISTRAR'S SIGNATURE <u>Francis Holmquist</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>E. Pitman</u>	ADDRESS <u>Funeral Homes</u>

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

DEC 17 1951

RECEIVED

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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 Annotta M. Robinson

Licensed Embalmer No. 3055

P. O. Address Wentzville, 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 this body is not embalmed, fact should be so stated above.