

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10-48

FILED MAR 19 1952

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 2002 Registrar's No. 387

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>University City</u>		c. LENGTH OF STAY (in this place) <u>20 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>32 TOWN University City 4326</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6769 Etzel Ave.</u>		d. STREET ADDRESS (If rural, give location) <u>6769 Etzel Ave.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Nicholas</u>		b. (Middle)		c. (Last) <u>Schneider</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 11, 1952</u>	
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M.</u>		8. DATE OF BIRTH <u>Jan. 1, 1874</u>		9. AGE (In years last birthday) <u>78</u> IF UNDER 1 YEAR Months <u>10</u> Days _____ IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Sheet Metal Worker</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	

13a. FATHER'S NAME <u>Peter Schneider</u>		13b. MOTHER'S MAIDEN NAME <u>Rose Messig</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Alice 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 NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Alice Schneider, 6769 Etzel Ave.</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Sea Stomach</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 mo</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>arrhythmia fibrillation</u>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>none</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>151X</u>	
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 3-16, 1951, to 2-11, 1952, that I last saw the deceased alive on 2-8, 1952, and that death occurred at 8:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Hayden M. D.</u>		23b. ADDRESS <u>730 Hodeanons</u>		23c. DATE SIGNED <u>2/12/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 14, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>2-12-52</u>		REGISTRAR'S SIGNATURE <u>Herbert H. ...</u>		FUNDRAISER'S SIGNATURE ADDRESS <u>Arthur J. Donnelly 3840 Lindell Blvd.</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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

W VanMatre

Licensed Embalmer No. *2825*

P. O. Address *4340 S of Fayette*

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.