

FILED OCT 2 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33849

State File No.

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2475

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Ferdinand TWP</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Ferdinand TWP</u>	
c. LENGTH OF STAY (In this place) <u>40yr</u>		d. STREET ADDRESS (If rural, give location) <u>Old Jamestown Rd., Box 486M</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Old Jamestown Rd., Box 486M</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>Alvina</u>	b. (Middle) <u>Schneider</u>	c. (Last)	(Month) <u>Sept.</u>	(Day) <u>24</u>	(Year) <u>1952</u>

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 10th, 1891</u>	9. AGE (In years last birthday) <u>61</u>	10. UNDER 1 YEAR Months <u>0</u>	11. UNDER 1 YEAR Days <u>0</u>	12. UNDER 24 HRS. Hours <u>0</u>	13. UNDER 24 HRS. 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>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis Co.,</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Christ Glaser</u>	13b. MOTHER'S MAIDEN NAME <u>Anna Sieving</u>	14. NAME OF HUSBAND OR WIFE <u>Henry 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. (If yes, give war or dates of service) <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Adolph Schneider, Box 486M</u>	ADDRESS <u>Box 486M</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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Chronic myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</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) <u>4222</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic arthritis, hypertrophic 5 yrs</u>		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 4-10, 1951 to 9-24, 1952 that I last saw the deceased alive on 9-24, 1952 and that death occurred at 2:45P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Eugenie L. Arnold MD</u>	23b. ADDRESS <u>8700 Partridge</u>	23c. DATE SIGNED <u>9/24/52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>9/27/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Salem, EV Luth. Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Mo.</u>		

DATE REC'D BY LOCAL REG. <u>9-25-52</u>	REGISTRAR'S SIGNATURE <u>Norbert R. Donke MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Diedrich F. Home</u>	ADDRESS <u>8319 Hallsferry</u>
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52 (Licensed Embalmer's Statement on Reverse Side)

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

1000

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 E. L. Poirnce

Licensed Embalmer No. 3403

P. O. Address St Louis 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.