

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41111  
State File No. ....  
10761  
Registrar's No. ....

FILED NOV 24 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. LENGTH OF STAY (In this place) <b>30 yrs</b>	c. CITY OR TOWN <b>St. Louis</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3512 Pestalozzi St.</b>			e. STREET ADDRESS (If rural, give location) <b>16 3512 Pestalozzi St</b>			
3. NAME OF DECEASED a. (First) <b>Marie</b> (Type or Print)			b. (Middle)		c. (Last) <b>Schneider</b>	
4. DATE OF DEATH <b>Nov. 10, 1953</b>			5. SEX <b>Female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	
8. DATE OF BIRTH <b>Jan 23, 1873</b>		9. AGE (In years last birthday) <b>80</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>at home</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>--</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Germany</b>		
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			13a. FATHER'S NAME <b>Adam Ott</b>		13b. MOTHER'S MAIDEN NAME <b>-- Maes</b>	
14. NAME OF HUSBAND OR WIFE <b>John Schneider, Deceased</b>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>			
16. SOCIAL SECURITY NO. <b>none</b>			17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Marie K Gerber 5002a Thekla</b>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral embolism</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>arteriosclerotic heart-disease</b> DUE TO (c) <b>advanced arteriosclerosis</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>secondary anemia (nutritional) dementia senilis</b>			INTERVAL BETWEEN ONSET AND DEATH <b>few hours</b>  <b>years</b>
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>4201</b>		
22. I hereby certify that I attended the deceased from <b>July, 1952</b> , to <b>November, 1953</b> , that I last saw the deceased alive on <b>11-3, 1953</b> , and that death occurred at <b>7 P. m.</b> , from the causes and on the date stated above.						
23a. SIGNATURE (Degrees or title) <b>Maximilian Weitzman M.D.</b>			23b. ADDRESS <b>3530 ARSENAL, St. Louis</b>		23c. DATE SIGNED <b>11-12-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>11/13/1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Zion Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County Mo</b>	
DATE REC'D BY LOCAL REG. <b>NOV 12 1953</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith M.D.</b>		F. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>L. Ziegenhein &amp; Sons 7027 Gravois</b>		

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.....  
Signature of Student Embalmer

Signed *Neville B. Frohwitter*.....

Licensed Embalmer No. *3696*.....

P. O. Address *7027 Charrier*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.