

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**7248**

State File No. ....

BIRTH NO. **FILED FEB 18 1954** REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **590** Registrar's No. **160**

<b>1. PLACE OF DEATH</b> a. COUNTY <b>St. Louis</b>		<b>2. USUAL RESIDENCE</b> (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) OR TOWN <b>Berkeley City</b>		c. CITY OR TOWN <b>St. Louis</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>11 wks</b>		e. STREET ADDRESS (If rural, give location) <b>4122 Lee Avenue</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Penn's Nursing Home</b>			

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>LOUIS</b> b. (Middle) <b>VALENTINE</b> c. (Last) <b>SCHNEIDER</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>Jan. 16, 1954</b>		
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<b>5. SEX</b> <b>male</b>	<b>6. COLOR OR RACE</b> <b>white</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>widowed</b>	<b>8. DATE OF BIRTH</b> <b>Mar. 12, 1863</b>	<b>9. AGE</b> (In years last birthday) <b>90</b>	<b>IF UNDER 1 YEAR</b> Months Days	<b>IF UNDER 24 HRS.</b> Hours Min.
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>property management</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Real Estate</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>St. Louis, Mo.</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>
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<b>13a. FATHER'S NAME</b> <b>unknown Schneider</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>unknown Heintz</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Martha Weise</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	<b>16. SOCIAL SECURITY NO.</b> <b>none</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Mr. Walter F.A. Schneider</b>	<b>ADDRESS</b> <b>5605 Rosa Ave.</b>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>  <b>unknown</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Arteriosclerotic Cardio-vascular disease</b>		
	<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.		

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <b>4221</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (m.)	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from Nov 8, 1953, to Jan 16, 1954, that I last saw the deceased alive on Jan 15, 1954, and that death occurred at 5:30 A m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <i>Lewis Lettmann</i>	(Degree or title) <b>MD</b>	<b>23b. ADDRESS</b> <b>8231 Clayton Rd (17)</b>	<b>23c. DATE SIGNED</b> <b>1/18/54</b>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>REMOVAL</b>	<b>24b. DATE</b> <b>Jan. 19, 1954</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Western Lutheran Cemetery</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>St. Louis, Mo.</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>1/18/54</b>	<b>REGISTRAR'S SIGNATURE</b> <i>Herbert B. ...</i>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <i>Beiderwieden F.H. Inc.</i>	<b>ADDRESS</b> <b>1936 St. Louis Ave.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Lewis Littman  
8231 Clayton Ave.  
PA 0202

3-5 pm

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 David Deane

Licensed Embalmer No. 45

P. O. Address H. Lane

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.