

FILED DEC 13 1954

## STANDARD CERTIFICATE OF DEATH

State File No. 39767

|  |   |  |  |  |   |  |  |
|--|---|--|--|--|---|--|--|
| BIRTH NO. _____  |   | REG. DIST. NO. <u>317</u>  |  | PRIMARY REG. DIST. NO. <u>500</u>  |   | Registrar's No. <u>2746</u>  |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>St. Louis</u>  |   |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> |   |  |  |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>Northwoods</u>   |   | c. LENGTH OF STAY (In this city or township) <u>11 months</u>  |  | c. CITY OR TOWN <u>Northwoods</u>  |   | d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6621 Donald Avenue</u>  |   |  |  | e. STREET ADDRESS (If rural, give location) <u>6621 Donald Avenue.</u>   |   |  |  |
| 3. NAME OF DECEASED<br>(Type or Print)   |   |  | a. (First) <u>MARIE</u> b. (Middle) <u>SCHNEIDER</u> c. (Last) _____ |  |   | 4. DATE OF DEATH (Month) (Day) (Year) <u>November 27, 1954</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>Dec 6, 1875</u>                                  |  | 9. AGE (In years) (last birthday) <u>78</u>                                     | IF UNDER 1 YEAR<br>Months _____ Days _____   | IF UNDER 24 HRS.<br>Hours _____ Min. _____ |
| 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 (City and State or Foreign Country) <u>Switzerland</u>  |   | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>   |  |
| 13a. FATHER'S NAME <u>unk. Schenkel</u>  |   |  | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u>                             |  | 14. NAME OF HUSBAND OR WIFE <u>Elbert Schneider</u>                             |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>none</u>   |   | 16. SOCIAL SECURITY NO. <u>none</u>  |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Marie Gardner, 6621 Donald Ave.</u>   |   |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.                              | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pericarditis of Secondary Origin</u><br>ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u><br>DUE TO (b) <u>with general infection</u><br>DUE TO (c) _____ |  |  |  |   | INTERVAL BETWEEN ONSET AND DEATH <u>3 mo.</u>  |  |
| 19a. DATE OF OPERATION _____   | 19b. MAJOR FINDINGS OF OPERATION _____  |  |  |  |   |  |  |
| 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>153X</u>  |   | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                                       |  |
| 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? _____   |   |  |  |
| 22. I hereby certify that I attended the deceased from <u>Nov 19, 1954</u> to <u>Nov 27, 1954</u> , that I last saw the deceased alive on <u>Nov 27, 1954</u> , and that death occurred at <u>8:20 P</u> m., from the causes and on the date stated above. |   |  |  |  |   |  |  |
| 23a. SIGNATURE <u>Elbert Schneider MD</u> (Degree or title)  |   |  |  | 23b. ADDRESS <u>72 N. Hill Bldg</u>  |   | 23c. DATE SIGNED <u>11-29-54</u>   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>  |   | 24b. DATE <u>Nov 30, 1954</u>  | 24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Lebanon Cemetery</u>       |  | 24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u> |  |  |
| DATE REC'D BY LOCAL REG. <u>11/29/54</u>   |   | REGISTRAR'S SIGNATURE <u>Heber R. Lambert</u>  |  | FUNERAL DIRECTOR'S SIGNATURE <u>Shepard Funeral Home</u>   |   | ADDRESS <u>1167 Hamilton Ave</u>   |  |

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..... *Paul A. Wachter* .....

Licensed Embalmer No... *478* .....

P. O. Address... *Thomas* .....

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.