

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **10163**  
**2873**  
Registrar's No. \_\_\_\_\_

FILED APR 11 1955

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

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

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 town) OR TOWN <b>ST. LOUIS Mo.</b>	c. LENGTH OF STAY (In this place) _____	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 checked="" type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>ENROUTE CITY HOSPITAL 16</b>		e. STREET ADDRESS (If rural, give location) <b>3430 JUNIATA 21010</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>JOHN</b> b. (Middle) <b>H.</b> c. (Last) <b>SCHNEIDER</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>MAR. 28 1955</b>		
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>MAY 12 1915</b>	9. AGE (In years last birthday) <b>39</b>	if UNDER 1 YEAR Months _____ Days _____	if OVER 1 YEAR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FREIGHT HAULER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>TRANSPORT OWNER</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
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13a. FATHER'S NAME <b>JOHN H. SCHNEIDER</b>		13b. MOTHER'S MAIDEN NAME <b>BERTHA THORPE</b>		14. NAME OF HUSBAND OR WIFE <b>MARY SCHNEIDER</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. <b>493-09-0707</b>		17. INFORMANT'S SIGNATURE OR NAME <b>RICHARD SCHNEIDER</b>		ADDRESS <b>5908 MICHIGAN</b>	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		<p align="center"><b>MEDICAL CERTIFICATION</b></p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Internal Hemorrhage, following a gunshot wound of chest and left lung, suffered while shot with gun in hands of one Ernest Watson, step son of deceased, in garage in rear of 1815 No. 1st St., about 8:25 pm.</b> ANTECEDENT CAUSES _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____				INTERVAL BETWEEN ONSET AND DEATH _____	
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19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>March 28 1955</b> <b>Homicide</b>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT (Specify) <b>suicide</b>		21b. PLACE OF INJURY (e.g., in or about home, on factory street, office bldg., etc.) <b>Garage</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. Louis Mo</b>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Mar 28 55 8:25 pm</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>E981X</b>	
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **8:55 pm**, from the causes and on the date stated above.

23a. SIGNATURE <b>Patrick Taylor Caswell</b> (Degree or title) <sup>2</sup>		23b. ADDRESS <b>1300 Clark</b>		23c. DATE SIGNED <b>3.30.55</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>MAR. 31 1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>ST. MATTHEWS CEM.</b>		24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS Mo.</b>	
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DATE REC'D BY LOCAL REG. <b>MAR 30 1955</b>		REGISTRAR'S SIGNATURE <b>Carl Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Thomas Kites</b>		ADDRESS <b>2906 Morris</b>	
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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 *Leo J. Budd*  
Licensed Embalmer No. *398*  
P. O. Address *St. Louis,*

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.