

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14847

FILED APR 30 1956

State File No. ....

BIRTH NO. ....

REG. DIST. NO. ....

318

PRIMARY REG. DIST. NO. ....

1003

Registrar's No. ....

3680

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) <b>St. Louis</b>		c. LENGTH OF STAY (In this place) <b>10 days</b>		c. CITY OR TOWN <b>St. Louis</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Anthony Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>3926 Arsenal Street 21670</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>Paul</b>		b. (Middle) <b>A.</b>		c. (Last) <b>Schneblin</b>			
4. DATE OF DEATH (Month) (Day) (Year) <b>April 11, 1956</b>		5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>June 29, 1864</b>		9. AGE (In years last birthday) <b>91</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired) V. Pres.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Stone Company</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>France</b>			
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>Louis Schneblin</b>		13b. MOTHER'S MAIDEN NAME <b>Christine Ketterle</b>			
14. NAME OF HUSBAND OR WIFE <b>Sarah McEntee Schneblin</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 <b>Miss Lucille Schneblin</b>		ADDRESS <b>3926 Arsenal</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Sclerotic Heart Disease</b>  ANTECEDENT CAUSES DUE TO (b) <b>Hypertension</b> <b>Arterio Sclerosis</b>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>420.0</b>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION <b>April 1-56</b>		19b. MAJOR FINDINGS OF OPERATION <b>Blood Vessels - Small Hypertrophied Prostate - Bladder Calculus</b>					
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?		22. I hereby certify that I attended the deceased from <b>4/1/56</b> , 19 <b>56</b> , to <b>4/11/</b> , 19 <b>56</b> , that I last saw the deceased alive on <b>4/11/</b> , 19 <b>56</b> and that death occurred at <b>12:05 P. m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>Shaver Selection M.D.</b>		23b. ADDRESS <b>708 Arcade Bldg</b>		23c. DATE SIGNED <b>4-13-56</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Apr. 14, 1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>			
24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>		DATE REC'D BY LOCAL REG. <b>APR 14 1956</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith M.D.</b>			
25. FUNERAL DIRECTOR'S SIGNATURE <b>Wacker - Helder</b>		ADDRESS <b>3634 Gravois Ave.</b>					

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

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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 *Robert C. Wheeler*.....

Licensed Embalmer No... 21 .....

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.