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0.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 19 1956

State File No. 20987

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

BIRTH NO.		REG. DIST. NO. 162		PRIMARY REG. DIST. NO. 5594		Registrar's No. 49		
1. PLACE OF DEATH a. COUNTY Jefferson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). -- a. STATE Mo. b. COUNTY City				
b. CITY (If outside corporate limits, write RURAL and give township) Rural Meramec		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St. Louis 2 ^{1/2}		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 St. Josephs Bell St. Eureka RR				e. STREET ADDRESS (If rural, give location) 4227 Aichelberger Ave				
3. NAME OF DECEASED (Type or Print) a. (First) HARRY b. (Middle) H. c. (Last) SCHNEIDER			4. DATE OF DEATH (Month) (Day) (Year) 6-2-1956					
5. SEX M	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH July 30-1887		9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months 7 Days 2	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician			10b. KIND OF BUSINESS OR INDUSTRY Brass Chandeliers		11. BIRTHPLACE (City, and State or Foreign Country) St. Louis Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Matthias Schneider			13b. MOTHER'S MAIDEN NAME Mary Williams		14. NAME OF HUSBAND OR WIFE Louise Sackwitz - Dec.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown		16. SOCIAL SECURITY NO. 497-022047		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Brother Conrad - St. Josephs Bell St. Eureka Mo				
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) Fractured skull ANTECEDENT CAUSES DUE TO (b) Sub-dural hemorrhage Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Complete circulatory collapse				INTERVAL BETWEEN ONSET AND DEATH
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) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) 47 (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 6-2-1956 m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? 50				
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 1:50 p.m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Arthur B. Jewersky, D.O. Coroner, Jefferson				23b. ADDRESS 303 W. Main St.		23c. DATE SIGNED 6.2.56		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/6/1956	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Mo			
DATE REC'D BY LOCAL REG. June 8, 1956		REGISTRAR'S SIGNATURE Ruth Jura		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Matt. Hermann Sons St. Louis Mo				

(Licensed Embalmer's Statement on Reverse Side)

Fun & Floral

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

JUN 14 1958

JUN 20 1958

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.....

Licensed Embalmer No. 420

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.