

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **25243**

FILED JUL 25 1956

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003** Registrar's No. **6175**

BIRTH MO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>6175</b>	
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>St. Louis</b>			
b. CITY (If outside of St. Louis, write RURAL and give township) OR TOWN <b>Lemay-23-MO</b>		c. LENGTH OF STAY (in this place) <b>1 1/2</b>		c. CITY OR TOWN <b>Lemay 23 Mo</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Luthern Hosp. St. Louis</b>				e. STREET ADDRESS (If rural, give location) <b>1803 Diane Lemay 23 Mo.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>ALVINA</b>		b. (Middle) <b>A</b>		c. (Last) <b>SCHNEIDER</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>6-28-1956</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <b>Married</b> (Specify)	8. DATE OF BIRTH <b>10-15-1903</b>		9. AGE (In years last birthday) <b>52</b>	IF UNDER 1 YEAR Months <b>8</b> Days <b>13</b>	IF UNDER 12 HRS. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>House Wife</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Frank N Luebker</b>		13b. MOTHER'S MAIDEN NAME <b>Caroline Hock</b>		14. NAME OF HUSBAND OR WIFE <b>Leo-J. Schneider</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. (If year, or dates of service) <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Lemay Leo. J Schneider 1803 Diane 23 Mo</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>terminal apoplexy</b> ANTECEDENT CAUSES <b>Chronic hypertension heart disease</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>				INTERVAL BETWEEN ONSET AND DEATH <b>1 hour</b> <b>vego</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>443 X</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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>June 24, 1956</b> , to <b>June 28, 1956</b> , that I last saw the deceased alive on <b>June 24, 1956</b> , and that death occurred at <b>2 1/2 p.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>G M Frank</b>				23b. ADDRESS <b>9370 Grand</b>		23c. DATE SIGNED <b>June 29 1956</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>7-2-1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Resurrection Cem</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo.</b>		
DATE REC'D BY LOCAL REG. <b>JUL 2 1956</b>		REGISTRAR'S SIGNATURE <b>Carl Smith MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>WINGBERMUEHLE 3819 SO Grand Blvd.</b>			

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 *Geo J Angermuehle*

Licensed Embalmer No. *4611*

P. O. Address *Adm 18 N*

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.