

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

29101

FILED SEP 6 1956

State File No. _____

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

Registrar's No. **7281**

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 ILL		b. COUNTY WASHINGTON	
b. CITY OR TOWN ST LOUIS		c. LENGTH OF STAY (in this place) 3 DAYS		c. CITY OR TOWN NASHVILLE	
d. FULL NAME OF HOSPITAL OR INSTITUTION LUTHERAN		e. STREET ADDRESS (If rural, give location) R.R. 2		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) ALVINA		b. (Middle) C.		c. (Last) SCHNEIDER	
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF DEATH (Month) (Day) (Year) AUG. 5-1956		8. DATE OF BIRTH OCT 22-1904		9. AGE (In years) (If under 1 year: Months) (If under 1 hr.: Hours) (Min.) 51	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY AT HOME		11. BIRTHPLACE (City and State or Foreign Country) Illinois	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME FRED HANE		13b. MOTHER'S MAIDEN NAME CAROLINE FRUND	
14. NAME OF HUSBAND OR WIFE GERHARD SCHNEIDER		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) NO		16. SOCIAL SECURITY NO. —	
17. INFORMANT'S SIGNATURE OR NAME Wood Schuyler Nash		17. ADDRESS Wood Schuyler Nash		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Lung		II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.) 163x		INTERVAL BETWEEN ONSET AND DEATH 7/28/56	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		b. (b) with metastasis to brain & adrenals.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" 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 8/2/56 to 8/6/56 , 19___, that I last saw the deceased alive on 8/5/56 , 19___, and that death occurred at 7:10 P.M. , from the causes and on the date stated above.					
23a. SIGNATURE W. H. Hauser M.D.		23b. ADDRESS 3701 Emerald St		23c. DATE SIGNED 8/6/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 8-6-56		24c. NAME OF CEMETERY OR CREMATORY TRINITY LUTHERAN	
24d. LOCATION (City, town, or county) (State) NASHVILLE, ILL.		25. FUNERAL DIRECTOR'S SIGNATURE Carl Smith		ADDRESS East St. Louis	

m & B. (Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

Not Embalmed

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 *John A. Agonosh*.....
Licensed Embalmer No. *3398*
P. O. Address.....

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.