

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

58-019373
 State File No.

FILED MAY 26 1958

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 132

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

| | | | | | |
|--|----------------------------------|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>St. Charles</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>St. Charles</u> | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Charles</u> | | c. LENGTH OF STAY (In this place) <u>7 weeks</u> | c. CITY (If outside corporate limits, write RURAL and give township) <u>O Fallon</u> <u>0920/6</u> | | d. STREET ADDRESS (If rural, place location) <u>Rural</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hosp.</u> | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Felix J.</u> b. (Middle) <u>Schneider</u> c. (Last) <u>Schneider</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>May 14 1958</u> | | |
| 5. SEX <u>male</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u> | 8. DATE OF BIRTH <u>Nov. 20 1891</u> | | 9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days Hours Min. <u>66 5 14</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farming</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>farming</u> | 11. BIRTHPLACE (State or foreign country) <u>St. Charles Co Mo</u> | | 12. CITIZEN OF WHAT COUNTRY <u>USA</u> |
| 13a. FATHER'S NAME <u>Anton Schneider</u> | | 13b. MOTHER'S MAIDEN NAME <u>Zarr</u> | | 14. NAME OF HUSBAND OR WIFE <u>—</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>no</u> <u>no</u> | | 16. SOCIAL SECURITY NO. <u>—</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Aurelia Schoeffers</u> ADDRESS <u>O Fallon</u> | | |
| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>POSTERIOR MYOCARDIAL INFARCTION</u> INTERVAL BETWEEN ONSET AND DEATH <u>8 days</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ARTERIOSCLEROTIC HEART DISEASE</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? <u>2</u> 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) <u>4200</u> | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | | 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 <u>5 MAY 1958</u> to <u>14 MAY 1958</u> , that I last saw the deceased alive on <u>14 MAY 1958</u> and that death occurred at <u>11:05 P.M.</u> , from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE <u>Rene J. Dumont</u> (Degree or title) <u>0</u> | | | 23b. ADDRESS <u>O Fallon Mo</u> | | 23c. DATE SIGNED <u>16 May 58</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>5-17-58</u> | 24b. DATE <u>May 17/58</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Assumption</u> | | 24d. LOCATION (City, town, or county) (State) <u>O Fallon Mo</u> | |
| DATE REC'D BY LOCAL REG. <u>May 19 58</u> | | REGISTRAR'S SIGNATURE <u>Margaret Wilson</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ed Kautz O Fallon Mo</u> | |

JUN 17 1958

MAY 14 1959

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

Student Embalmer

Signed

E. K. Kelly

Licensed Embalmer No.

877

P. O. Address

Fallon Mo

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 this body is not embalmed, fact should be so stated above.