Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-002585
STATE FILE NUMBER

FILED FEB 2 1959 Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 23

1. PLACE OF DEATH
a. COUNTY St. Charles
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) St. Charles — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Joseph Hosp. — Length of stay in 1b: 5 Wks.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Charles
c. CITY OR TOWN St. Charles 0923 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 228 McDonough — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First: William Middle: H. Last: Schnedler

4. DATE OF DEATH Month Day Year: Jan. 24, 1959

5. SEX: Male C

6. COLOR OR RACE: White

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] 2 DIVORCED [ ]

8. DATE OF BIRTH: March 3, 1868

9. AGE (In years last birthday): 90 — IF UNDER 1 YEAR: Months 10 Days 21 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Butcher

10b. KIND OF BUSINESS OR INDUSTRY: Retail Meat

11. BIRTHPLACE (City and state or country): St. Charles, Mo. C

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Henry Schnedler

13b. MOTHER'S MAIDEN NAME: Mary Kemper

14. NAME OF HUSBAND OR WIFE: Christina Schnedler

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs. Orville Rarliff, St. Charles, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocardial Infarction, acute — INTERVAL BETWEEN ONSET AND DEATH: 10 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — Undet.
DUE TO (c) Generalized Arteriosclerosis — Undet.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 4260

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Dec. 1, 1957, to Jan. 24, 1959 and last saw ~~her~~ him alive on Jan. 24, 1959. Death occurred at 4:30 P.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE L. McIntire (Degree or title) M.D.

22b. ADDRESS St. Charles, Mo.

22c. DATE SIGNED Jan 26, 1959

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Jan. 27, 1959

23c. NAME OF CEMETERY OR CREMATORY: Oak Grove

23d. LOCATION (City, town, or county) (State): St. Charles, Mo.

24. FUNERAL DIRECTOR: Arthur C. Baue — ADDRESS: St. Charles, Mo.

25. DATE RECD. BY LOCAL REG.: JAN. 27-59

26. REGISTRAR'S SIGNATURE: Marcella Nelson

(Licensed Embalmer's Statement on Reverse Side)

FEB 20 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 .....
Signature of Student Embalmer

Signed David C. Bane

Licensed Embalmer No. 5060

P. O. Address St. Charles, M

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.