

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH -61-011583

318 Primary Registration District No. 1003 Registrar's No. 2130

STATE FILE NUMBER

DATE AMENDED
INSTEAD OF
ITEM NO. SHOULD READ
BY AFFIDAVIT OF

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2130

FILED VS MAR 16 1961

1. PLACE OF DEATH
a. COUNTY _____
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis** Length of stay in 1b -----
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION **Faith Hospital** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri** b. COUNTY **St. Louis**
c. CITY OR TOWN **Pine Lawn** Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) **4213 Beachwood Avenue, 20,** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First **MARY** Middle **LOUISE** Last **SCHNEIDER** 4. DATE OF DEATH **Feb. 28th, 1961** Month **Feb.** Day **28th** Year **1961**

5. SEX **Female** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **12-17-1877** 9. AGE (last birthday) **83** IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HR Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housework** 10b. KIND OF BUSINESS OR INDUSTRY **Own Home** 11. BIRTHPLACE (City and state or country) **St. Louis, Missouri** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **Joseph Munier** 13b. MOTHER'S MAIDEN NAME **Unknown** 14. NAME OF HUSBAND OR WIFE **Late Charles C. Schneider**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No** 16. SOCIAL SECURITY NO. **None** 17. INFORMANT **Otto A. Schneider, 5311 Fletcher Ave., 20** Address _____

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **Cerebral apoplexy**
DUE TO (b) **Septicemic gangrene of abdomen**
DUE TO (c) **Cardiovascular disease years 443x**
INTERVAL BETWEEN ONSET AND DEATH **1 week**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____
PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 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 **1/20/52** to **2/28/61** and last saw her alive on **2/28/61**
Death occurred at **10:00 p.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Robert A. Bauer M.D.** 22b. ADDRESS **3731 Goodfellow** 22c. DATE SIGNED **3/2/61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **3-3-61** 23c. NAME OF CEMETERY OR CREMATORY **Memorial Park Cemetery** 23d. LOCATION (City, town, or county) (State) **St. Louis County, Missouri**

24. FUNERAL DIRECTOR **Calvin F. Feutz, 4828 Natural Bridge Blvd., St. Louis, 15, Missouri.** 25. DATE RECD. BY LOCAL REG. **MAR 3 1961** 26. REGISTRAR'S SIGNATURE **Earl Smith, M.D.**

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

John A. Minner

Licensed Embalmer No.

4186

P. O. Address

St. Louis, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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