

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

318 1003 412761-015616
 STATE FILE NUMBER

AMENDED

Registration District No. Primary Registration District No. Registrar's No.

FILED MAY 10 1961

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b D.O.A.	c. CITY OR TOWN St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis City Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 6308 Oakland Avenue
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Ruth Schneider			4. DATE OF DEATH Month Day Year April 29 1961	
--	--	--	---	--

5. SEX female	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-24-1910	9. AGE (last birthday) 50	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) Assembler	10b. KIND OF BUSINESS OR INDUSTRY Multiplex Metal Co	11. BIRTHPLACE (City and state or country) Hickman, Kentucky	12. CITIZEN OF WHAT COUNTRY U.S.A.
--	---	---	---------------------------------------

13a. FATHER'S NAME William P. Erwin	13b. MOTHER'S MAIDEN NAME Cora Parish	14. NAME OF HUSBAND OR WIFE Earl 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.	17. INFORMANT Mr. Earl Schneider, 6308 Oakland Avenue
--	-------------------------	--

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Strangulation by hanging, suffered when deceased hanged self in basement of home on 4-29-61</i>		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) <i>See above</i>		
DUE TO (c) <i>See above</i>		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 974x		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown	
---	--	---	--

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) See above
---	--	---

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year 4-29-61	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	20f. CITY, TOWN OR LOCATION St Louis, Mo	COUNTY	STATE
--	---	--	---	--------	-------

21. I attended the deceased from _____ to _____ and last saw him alive on _____
 Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Paul Schuman</i> (Deputy Coroner)	22b. ADDRESS 300 Clark	22c. DATE SIGNED 5/1/61
---	---------------------------	----------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE May 2 1961	23c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery	23d. LOCATION (City, town, or county) Sharon, Tennessee
--	-------------------------	---	--

24. FUNERAL HOME OR ADDRESS Math Hermann & Son, Inc., 2161 E. Fair Av	25. DATE RECD. BY LOCAL REG. MAY 1 1961	26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i>
--	--	--

DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

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

Allen W. Hay

Licensed Embalmer No. *3737*

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.