

**SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-61-027857**

Registration District No. 317

Primary Registration District No. 541

Registrar's No. 1903

STATE FILE NUMBER

AMENDED

FILED JUL 19 1961

|  |   |   |   |
|--|---|---|---|
| 1. PLACE OF DEATH  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) |   |
| a. COUNTY<br><b>St. Louis</b>  | b. CITY (If outside corporate limits, give TOWNSHIP only)<br><b>Clayton</b> | a. STATE<br><b>Missouri</b>   | b. COUNTY<br><b>St. Louis</b>   |
| Length of stay in 1b<br><b>DOA</b>   |   | c. CITY OR TOWN<br><b>Oakville</b>  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION<br><b>St. Louis County Hospital</b> |   | d. STREET ADDRESS<br><b>6320 Christopher Drive</b>                                    | Reside on Farm<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

|  |                                  |   |   |  |  |
|--|----------------------------------|---|---|--|--|
| 3. NAME OF DECEASED (Type or print)  |                                  |   | 4. DATE OF DEATH  |  |  |
| First<br><b>Charles</b>  | Middle<br><b>J.</b>              | Last<br><b>Schneller Jr.</b>  | Month<br><b>July</b>  | Day<br><b>8,</b>                           | Year<br><b>1961</b>                          |
| 5. SEX<br><b>Male</b>  | 6. COLOR OR RACE<br><b>White</b> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>5/17/1884</b>                                    | 9. AGE (last birthday)<br><b>77</b>        | IF UNDER 1 YEAR<br>Months Days Hours Min.    |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Farmer</b> |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Farming</b>   | 11. BIRTHPLACE (City and state or country)<br><b>Oakville, Missouri</b> |  | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b> |
| 13a. FATHER'S NAME<br><b>Charles Schneller Sr.</b>   |                                  | 13b. MOTHER'S MAIDEN NAME<br><b>Verona Meyer</b>  |   | 14. NAME OF HUSBAND OR WIFE<br><b>Emma</b> |  |

|   |  |
|---|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b> | 17. INFORMANT Address<br><b>Emerald Schneller 6320 Christopher Dr.</b> |
|---|--|

|  |            |                                  |
|--|------------|----------------------------------|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY: |            | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a) <b>Unknown Natural Causes</b>  |            |                                  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.               | DUE TO (b) |                                  |
|  | DUE TO (c) |                                  |

|   |  |  |  |
|---|--|--|--|
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |
|---|--|--|--|

|  |   |  |              |
|--|---|--|--------------|
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>      | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) |              |
| 20c. TIME OF INJURY<br>Hour _____ a.m. _____ p.m.  | Month, Day, Year _____  |  |              |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 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 \_\_\_\_\_, to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_  
Death occurred at 9:55 m on the date stated above, and to the best of my knowledge, from the causes stated.

|  |   |   |
|--|---|---|
| 22a. SIGNATURE (Degree or title)<br><b>John C. Murphy MD Asst. Health Commissioner</b> | 22b. ADDRESS<br><b>801 S. Brentwood Clayton Mo.</b> | 22c. DATE SIGNED<br><b>7-12-61</b>                              |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>                             | 23b. DATE<br><b>July 11, 1961</b>                   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Park Lawn Cemetery</b> |
| 23d. LOCATION (City, town, or county)<br><b>Lemay, Missouri</b>                        |   | 23e. STATE<br><b>Missouri</b>                                   |

|   |   |   |
|---|---|---|
| 24. FUNERAL DIRECTOR ADDRESS<br><b>C. Hoffmeister Mortuaries<br/>7814 So. Broadway St. Louis, Mo.</b> | 25. DATE RECD. BY LOCAL REG.<br><b>7-8-61</b> | 26. REGISTRAR'S SIGNATURE<br><b>John C. Murphy MD</b> |
|---|---|---|

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

**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 Linus C. Hoffmeister

Licensed Embalmer No. 3871  
P. O. Address 7814 S. Broad

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.