

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-042088

STATE FILE NUMBER

Registration District No. 308 Primary Registration District No. 6049 Registrar's No. _____

FILED DEC 13 1961

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWNSHIP Femme Osage Township		Length of stay in 1b 2 days -	c. CITY OR TOWN Creve Coeur Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Augusta, Mo. R.R.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 761 Decker Lane Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Carl Herder Middle Schneider Last found			4. DATE Month 12 Day 7 Year 1961			
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-25-1908	9. AGE (last birthday) 53	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plaster		10b. KIND OF BUSINESS OR INDUSTRY Plastering		11. BIRTHPLACE (City and state or country) Illinois		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Charles Schneider		13b. MOTHER'S MAIDEN NAME Josephine Herder		14. NAME OF HUSBAND OR WIFE Dorothy Lanore Campbell		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			17. INFORMANT 761 Decker Lane Mrs. Marv Coyle Creve Coeur, Mo.			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **drowning**

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.
 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.)
Boat apparently overturned throwing

20c. TIME OF INJURY
Hour _____ Month, Day, Year **12/7/61**
a.m. _____ p.m. _____
victim into water. Victim had been at lake since Dec. 5, 1961 at 3:00 P. M.

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.)
Augusta Lake

20f. CITY, TOWN, OR LOCATION COUNTY STATE
Femme Osage twsp., St. Chas., Mo.

21. I attended the deceased from **held view** to **Dec. 7, 1961** and last saw her/him alive on _____
Death occurred at **unknown** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
James B. ...

22b. ADDRESS
Mo. 12 Cunningham Ct., St. Chas.,

22c. DATE SIGNED
12/8/61

23a. BURIAL, CREMATION, REMOVAL (Specify)
Removal

23b. DATE
12/9/1961

23c. NAME OF CEMETERY OR CREMATORY
Park Lawn Cemetery

23d. LOCATION (City, town, or county) (State)
St. Louis Missouri

24. FUNERAL DIRECTOR ADDRESS
Drehmann-Harral 1905 Union

25. DATE RECD. BY LOCAL REG.
12-11-61

26. REGISTRAR'S SIGNATURE
Mrs. Viola ...

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
BY AFFIDAVIT OF
ITEM NO.

DEC 14 1961

MAR 21 1962

JAN 30 1962

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 Harold O. Kenler

Licensed Embalmer No. 4631
P. O. Address Wentzville,

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.