

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

19840

1. PLACE OF DEATH
 County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **St. Louis** (No. **537**) **Eiler** St. Ward.....
 Registered No. **5594**

2. FULL NAME John A. Schnaus
 (a) Residence. No. 537 Eiler St., 15 Ward.
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF (OR) WIFE OF Mary Schnaus.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 30, 1846

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, — hrs. or — min.
	<u>80</u>	<u>11</u>	<u>15</u>	

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Retired Shoe Repair man
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer Self

9. BIRTHPLACE (CITY OR TOWN)
 (STATE OR COUNTRY) Germany

10. NAME OF FATHER Henry Schnaus

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
 (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
 (STATE OR COUNTRY) Germany

14. INFORMANT John A. Schnaus
 (Address) 537 Eiler St.

15. FILED JUN 16 1927 Max C. Starker
 REGISTERED

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 15 1927

17. I HEREBY CERTIFY That I attended deceased from June 1 1927 to June 15 1927
 that I last saw him alive on June 15 1927, and that death occurred, on the date stated above, at 11:40 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Bronchitis
93A
106B
8813
 (duration)..... yrs. 6 mos. da.
CONTRIBUTORY (SECONDARY) Myocarditis Acute
 (duration)..... yrs. mos. 7 da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH?.....
 DID AN OPERATION PRECEDE DEATH? no DATE OF.....
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS? Physical & clinical findings
 (Signed) W. H. Walters, M. D.
6/16 1927 (Address) 3608 S. Grand Bl.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Old St Peter + Paul Cem **DATE OF BURIAL** June 18 1927

20. UNDERTAKER Adron Dull Co. 2707 N. Grand

