

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

Do not use this space.

5949

1. PLACE OF DEATH
 96 County St. Louis Registration District No. 785
 Township Bonhomme Primary Registration District No. 6031
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Henry Schnarr Sr.
 (a) Residence, No. Creve Coeur, Mo. R.R. #1 St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 4 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

File No. _____
 Registered No. 18
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF _____
 (OR) WIFE OF Elizabeth Schnarr

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May-9-1853

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
78 8 29

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

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

10. NAME OF FATHER John Schnarr

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

12. MAIDEN NAME OF MOTHER Katherine Jatz

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

14. INFORMANT Henry Schnarr Jr.
 (Address) Creve Coeur, Mo., R.R. #1

15. FILED 9/8 1932 L. C. Barnett REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2
 16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb-7-1932
 17. I HEREBY CERTIFY, That I attended deceased from Dec, 1929, to Feb 7, 1932
 that I last saw him alive on Feb 7, 1932, and that death occurred, on the date stated above, at 10:30 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Arteriosclerosis
736
777
 (duration) 5 yrs. mos. da.

CONTRIBUTORY Ch. Myocarditis
 (SECONDARY) (duration) 3 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED? 930
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? No. DATE OF _____
 WAS THERE AN AUTOPSY? No. (1)

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) R. E. Wenny M. D.
2-8-1932 (Address) Creve Coeur, Mo.

*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 St. Louis Cem. Clayton & Dallas Rd. DATE OF BURIAL Feb-9-1932

20. UNDERTAKER Schrader Und Co. ADDRESS Ballwin, Mo.

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.

928 25 1932

