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.

AUG 26 1933

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 191 File No. 24753

Township ..... Primary Registration District No. [illegible] Registered No. 6158

City St. Louis (No. St. Anthonys Hospital St. ..... Ward)

2. FULL NAME Harry A. Schnittker

(a) Residence, No. 2725 Delore Court. St., 15 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 Ina Mary Schnittker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 11th 1886

7. AGE: YEARS 47 MONTHS 4 DAYS 2 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sales Manager
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Everstick Anchor Co.
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

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

FATHER
13. NAME Fred Schnittker
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Ina Mary Schnittker 2725 Delore Court.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE July 17th, 1933

19. UNDERTAKER (ADDRESS) Wm Schumacher 3013 Meramec St.

20. FILED JUL 15 1933, 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 13th. 1933

22. I HEREBY CERTIFY, That I attended deceased from No Physician in attendance, 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 9:30P m.

The principal cause of death and related causes of importance were as follows:

Date of onset

210M

Laceration of spleen
Left Lung Fractured Ribs,
received in a collision
between two automobiles

Other contributory causes of importance:

deceased was driving one of
the autos in St. Louis, Mo
Accident

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accid. Date of injury 7/13, 1933

Where did injury occur? St. Louis Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury Collision between two autos

Nature of injury Laceration of spleen

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [signature] M. D.

(Address) [signature] Deputy Coroner

7/15/33