

JUN 26 1936

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

Do not use this space.

21575

1. PLACE OF DEATH

County St. Louis
Township Carondelet Twp.
City In woods, near Ringer road, (No. _____)

Registration District No. 1123
Primary Registration District No. 6248B
In woods, near Ringer road, St. _____ Ward _____

File No. _____
Registered No. 198

2. FULL NAME George Schnell

(a) Residence, No. 3905 Cora St. _____ Ward _____

(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. (If nonresident, give city or town and State)

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 Mollie

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9/9/1893

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
<u>42</u>	<u>8</u>	<u>14</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>Auto dealer</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	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) St. Louis, Mo.

FATHER 13. NAME Joseph Schnell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

MOTHER 15. MAIDEN NAME Elizabeth Harry

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

17. INFORMANT Molly Schnell
(ADDRESS) 3905 Cora

18. BURIAL, CREMATION, OR REMOVAL
PLACE Zions DATE 5/27/36

19. UNDERTAKER My Leidner Mch Co
(ADDRESS) 1417 N Market St

20. FILED May 25 1936 G. Mowry
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/23/36, 19

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 3 AM.

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

Gunshot wound, homicide, whether justifiable, yet to be determined; shot thru left chest, bullet entering just below nipple penetrating thru heart, lung, diaphragm

Other causes of importance: causing immediate death. Secondary; Shock, internal hemorrhage, Shot with 32 revolver.

Name of operation _____ Date of _____
What test confirmed diagnosis? 1 Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____
Where did injury occur? OVER
(Specify city, town, county, and State)

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? If so, specify _____
(Signed) John B. Turner, M. D. 5/23/36
(Address) 3718 Jennings St.

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.

Shot in field, near Ringer road,
Carondelet Township.

Verdict of Jury: We the jury find that
George Schnell, met his death from a
gun shot wound in the hands of a Mr. Joseph
Dankel, therefore, with the evidence at hand,
we return a verdict of manslaughter,
and therefore, bind Mr. Dankel over to the
Grand Jury.