AUG - 5 1937

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. 791

Township ..... Primary Registration District No. 1003

City St. Louis, (No. Deaconess Hospital St. ..... Ward)

File No. 25587

Registered No. 6761

2. FULL NAME George Adam Schnarr.

(a) Residence, No. Clayton & Conway Rds. St., NR Ward. ~~St. Louis Co.~~ Deer Creek Mo.
(Usual place of abode) (If nonresident, give city or town and State)

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: Rose Schnarr.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 27th, 1890

7. AGE: 165 — YEARS: 46 — MONTHS: 8 — DAYS: 17 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Grocer

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): Missouri

FATHER

13. NAME: Adam Schnarr

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Margaret Stock

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

17. INFORMANT (ADDRESS): Mrs. Rose Schnarr, Clayton & Conway Rds.

18. BURIAL, CREMATION, OR REMOVAL: PLACE St Paul Cemty DATE 7-17-37, 19

19. UNDERTAKER (ADDRESS): Louis H Bopp, Kirkwood, Mo.

20. FILED JUL 14 1937 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 4, 1937, to July 14, 1937. I last saw him alive on July 13, 1937. Death is said to have occurred on the date stated above, at 3:45A m.

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

	Date of onset
Cancer of liver	7-7-37

Other contributory causes of importance:

Name of operation: Abd exploratory Date of July 12th

What test confirmed diagnosis? Microscopic 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 ....., 19

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

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

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) John C Marfat, M. D.

(Address) 940 Mo Bld, 634 N. Grand

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.