

OCT 26 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

35213

Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784
 (b) Township St. Ferdinand Primary Registration District No. 6030
 (c) City Jennings (d) Street No. 2008 McLaren Ave. St.
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 1792. PRINT FULL NAME Mr. Charles Schnefke

(a) Residence, No. 2008 McLaren Ave. St. ☐ (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 10-1855
 7. AGE YEARS 82 MONTHS 3 DAYS 16 If LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Retired-Laborer
 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
 13. NAME John Schnefke
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 15. MAIDEN NAME Dorothy Fischer
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Mrs. Wm. Dabrock
 (ADDRESS) 2008 McLaren Ave.
 18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peters DATE Sept. 27 1937
 19. FUNERAL DIRECTOR Henry Decker Und. Co.
 (ADDRESS) 1417 N. Market St
 20. FILED Sept 28 1937 W. C. Zeitzer Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 26-37 1937
 22. I HEREBY CERTIFY, That I attended deceased from Sept. 1936 1936 to Sept. 27 1937
 I last saw him alive on Sept. 27 1937 death is said to have occurred on the date stated above, at m.
 The principal cause of death and related causes of importance were as follows:

Valvular Injury
Heart Disease

Other contributory causes of importance:

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

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?
 If so, specify
 (Signed) W. C. Zeitzer M. D.
 (Address) 5860 Highland

(Deceased Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. 1674

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E. _____

No. _____ or by _____
working under my personal supervision.

Registered Apprentice No. _____

Signed _____

Licensed Embalmer No. 1674

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)