

FEB 16 1938

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

4099  
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 96  
(b) Township Jeff. Primary Registration District No. \_\_\_\_\_ Registered No. 77  
(c) City Richmond Heights (d) Street No. St. Mary's Hospital St. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(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.

2. PRINT FULL NAME Sister Mary Monica Schnorbus

(a) Residence, No. 1190 Bellvue 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-10-1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
81 6 1

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Religious  
9. Industry or business in which work was done, as saw mill, bank, etc. Hospital  
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 Francis J. Schnorbus

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

MOTHER 15. MAIDEN NAME Bertha Van Lask

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

17. INFORMANT (ADDRESS) Sister M. Sylvester  
1190 Bellvue Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE S.S. Pauline DATE Jan. 14 1938

19. FUNERAL DIRECTOR (ADDRESS) John J. Finnan  
800 S. 1st St. St. Louis, Mo.

20. FILED 1-12 1938 THEODORE W. WELTER, M. D. Deputy State Commissioner of Health Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 11 1938

22. I HEREBY CERTIFY, that I attended deceased from Jan. 5 1938 to Jan. 11 1938

I first saw her alive on Jan. 11 1938. Death is said to have occurred on the date stated above, at 10 m.

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

Lobar pneumonia Date of onset 1-4-38

Other contributory causes of importance: none

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical 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) E. Lee Shrader M. D.  
(Address) 3720 Washington Blvd.

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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STATEMENT BY LICENSED EMBALMER

I, John Fetter, Licensed Embalmer No. 3880  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself  
..... L. E. ....  
No. .... or by ..... Registered Apprentice No. 3880  
working under my personal supervision.  
Signed John Fetter  
Licensed Embalmer No. ....

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