

DEC'D JUL 12 1938

## MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH 781

20066

Do not use this space.

## 1. PLACE OF DEATH

(a) County..... Registration District No. **1002**  
 (b) Township..... Primary Registration District No. **Alexian Bros. Hospital** Registered No. **5205**  
 (c) City **St. Louis** (d) Street No. **(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 **Francis Benj. Schnell**

(a) Residence, No. **3832 Juniata St.** St. **16** (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) **Single**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **August, 2-1917**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**20 10 3**

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Bread Wrapper**  
 9. Industry or business in which work was done, as saw mill, bank, etc. **Bakery**  
 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 **Frank A Schnell**

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

MOTHER 15. MAIDEN NAME **Anna Holub**

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

17. INFORMANT (ADDRESS) **Frank A. Schnell 3832 Juniata St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Park Lawn** DATE **June, 8th. 1938**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Wacker-Helderle 2331 S. Broadway**

20. FILED **JUN 7 1938** **J. D. Bulech** Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June, 5th. 1938**

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..... **2:27 A.M.**

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

**Haemorrhage due to fracture of the base of the skull and laceration of the lung when the car in which he was driving struck a safety standard at Broadway and Oceola, at 1:45 o'clock A.M., June 5, 1938. ACCIDENT.**

Other contributory causes of importance:

Name of operation..... **210 ml** 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?..... **accident** Date of injury **June 5, 1938**  
 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..... **see above**

Nature of injury..... " " " "

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

If so, specify..... (Signed) **Joseph M. Fuchs** M.D.

(Address) **Deputy Coroner**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, *2645*

*Frank J. Gylaud*

or by *me*

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed \_\_\_\_\_

*Frank J. Gylaud*

Licensed Embalmer No. *2645*

P. O. Address *St Louis*

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.)

If this body is not embalmed, above space should be left blank.