

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Johns Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution TWO WEEKS  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME: WILMA MAY SCHNARRE 560

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if \_\_\_\_\_

7. Birth date of deceased: AUGUST 7th 1926.  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
13 9 20 hr. min.

9. Birthplace JONESBURG MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation STUDENT ( SCHOOL )

11. Industry or business

12. Name LEWIS SCHNARRE

13. Birthplace LINCOLN COUNTY MISSOURI  
(City, town, or county) (State or foreign country)

14. Maiden name MAGGIE GRAU

15. Birthplace WARREN COUNTY MISSOURI  
(City, town, or county) (State or foreign country)

16. (a) Informant LEWIS SCHNARRE

(b) Address JONESBURG MISSOURI.

17. (a) REMOVAL (b) Date thereof MAY 27 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial of WARREN COUNTY MO.

18. (a) Signature of funeral director C.R. LUPTON and SONS

(b) Address # 7233 DELMAR BLVD.

19. (a) MAY 28 1940 (b) J.F. Fredrich  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County WARREN MERY  
(c) City or town JONESBURG, NA  
(If outside city or town limits, write "RURAL")  
(d) Street No. FRANKLIN JONESBURG  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 27th AM  
year 1940. hour \_\_\_\_\_ minute 10

21. I hereby certify that I attended the deceased from 4-21-40 to 5-27-40  
that I last saw her alive on 5-27-40  
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonic Pneumonia acute

Due to \_\_\_\_\_

Due to 56a

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy As above

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (b) Means of injury \_\_\_\_\_

23. Signature \_\_\_\_\_ (M. D. or other) \_\_\_\_\_

Address 3604 Workington Date signed 5-28-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

HS-11-2

JE: 1800  
# 3604 WASHINGTON BLVD.

**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, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Clarence H. Murray

Licensed Embalmer No. 4011

P. O. Address St. Louis, Mo

**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.**