

No. 2
11-10-39
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **37231**

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **9504**

FILED DEC 1 1940

1. PLACE OF DEATH:

(a) County _____
(b) City or town **ST LOUIS**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **ST. ANTHONY HOSP.**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County _____
(c) City or town **ST LOUIS**
(If outside city or town limits, write "RURAL")
(d) Street No. **546 W. POEPPING ST.**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

8. (a) PRINT FULL NAME **MINNIE SCHNELTING**

8. (b) If veteran, name war **NO** 8. (c) Social Security No. **NO**

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

6. (b) Name of husband or wife **ALOYSIUS** 6. (c) Age of husband or wife if alive **48** years

7. Birth date of deceased **JAN 5 1899**
(Month) (Day) (Year)

8. AGE: Years **41** Months **10** Days **12** If less than one day _____ hr. _____ min.

9. Birthplace **ST. LOUIS MO**
(City, town, or county) (State or foreign country)

10. Usual occupation **HOUSEWIFE**

11. Industry or business **HOME**

12. Name **WILLIAM SUETTERLIN**

13. Birthplace **GERMANY**
(City, town, or county) (State or foreign country)

14. Maiden name **MINNIE HENKE**

15. Birthplace **KANSAS CITY MO**
(City, town, or county) (State or foreign country)

16. (a) Informant **ALOYSIUS SCHNELTING**

(b) Address **546 W. POEPPING, ST**

17. (a) **BURIAL** (b) Date thereof **Nov. 21 - 40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **MNT HOPE CEM.**

18. (a) Signature of funeral director **J. P. Fendler**
(b) Address **7128 MICHIGAN AVE**

19. (a) **NOV 19 1940** (b) **J. P. Fendler**
(Date received local registrar) (Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **18**
year **1940** hour **2** minute **25 A** M.

21. I hereby certify that I attended the deceased from **Oct. 16, 1940** to **Nov. 17, 1940**; that I last saw him alive on **Nov. 17, 1940**; and that death occurred on the date and hour stated above.

Immediate cause of death **Congestive Heart Failure**

Duration **1 1/2 months**

Due to **Cirrhosis of Liver**

Due to **HIT**

Other conditions **HIT**
(Include pregnancy within 3 months of death)

Major findings: **Cirrhosis of Liver**
Of operations _____
Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

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?
(Specify type of place) _____
While at work? (a) Means of injury _____

23. Signature **Dwight Benjamin** (M. D. or other) **MD**
Address **7408 N. Webster** Date signed **11/18/40**

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

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 *Harry J. Schumacher*

Licensed Embalmer No. *2679*

P. O. Address *732 Zonay*

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.