

2
3-40
7-39
X23153

Registration District No. 784

Primary Registration District No. 101

Registrar's No. 2181

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis County Hospital
(If not in hospital or institution, write street number or locality)

(d) Length of stay: In hospital or institution 24 days
(Specify whether years, months or days)

In this community 17 years

3. (a) PRINT FULL NAME Christopher Schnell

3. (b) If veteran, name war ?

3. (c) Social Security No. ?

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced widower

6. (b) Name of husband or wife Josephine Dohm

6. (c) Age of husband or wife if alive 1 years

7. Birth date of deceased Nov. 1 1864
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>76</u>	<u>0</u>	<u>17</u>	hr. _____ min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation nil

11. Industry or business _____

MOTHER FATHER

12. Name Christopher Schnell

13. Birthplace New York City N.Y.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Demorest

15. Birthplace Louisville Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Giappiano

(b) Address 2111 Crescent

17. (a) burial (b) Date thereof Nov. 20 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old St. Mark's Cemetery

18. (a) Signature of funeral director Budiswiden Immort

(b) Address 1936 St. Louis

19. (a) NOV 18 1940 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town Wellston
(If outside city or town limits, write "RURAL")

(d) Street No. 2111 Crescent
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 18 year 1940 hour 9 minute :30 A.M.

21. I hereby certify that I attended the deceased from 10-25-40 to 11-18-40 that I last saw him alive on 11-18-40 and that death occurred on the date and hour stated above.

Immediate cause of death Biliary Cirrhosis

Duration 3 months?

Due to _____

Due to _____

Other conditions 12481
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy Biliary Cirrhosis & Cholelithiasis

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____

Address St. Louis Co. Hosp Date signed _____

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..... *Felix J. Kriepin*
Licensed Embalmer No..... *3497*
P. O. Address..... *1936 St. Louis*

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

If this body is not embalmed, fact should be so stated above.