S. No. 2
M—4-13-40
v. 5-17-39
I X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 253

Registration District No. 791 — Primary Registration District No. 1003 — Registrar's No. 253

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: Good Samaritan Home for the Aged. (If not in hospital or institution, write street number or location) 4500 Washington Blvd.
(d) Length of stay: In hospital or Institution 5 yrs. (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: 000
(c) City or town: St. Louis (If outside city or town limits, write "RURAL") 1217
(d) Street No.: 4500 Washington Blvd. (If rural, give location) 9
(e) If foreign born, how long in U. S. A.? years. 0

3. (a) PRINT FULL NAME: Louise Schnuck

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Female 1

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widow

6. (b) Name of husband or wife: Charles Schnuck

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

7. Birth date of deceased: February (Month) 22, (Day) 1857 (Year)

8. AGE: Years 83 | Months 10 | Days 19 | If less than one day hr. min.

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

10. Usual occupation: None

11. Industry or business:

FATHER
12. Name: Gottlieb Winkelmann
13. Birthplace: --- (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name: Wilhelmina Gaus
15. Birthplace: --- (City, town, or county) Germany (State or foreign country)

16. (a) Informant: Sr. Olga Borgmann
(b) Address: 4500 Washington Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan. 13 1941. (Month) (Day) (Year)
(c) Place: burial or cremation: New Picker Cemetery

18. (a) Signature of funeral director: Wm. M. Schumacher
(b) Address: 4834 Natural Bridge.

19. (a) JAN 10 1941 (Date received local registrar) (b) J. F. Bedich (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 10th year 1941 hour 9 minute A. M.

21. I hereby certify that I attended the deceased from Dec 23, 1940, to Jan 10, 1941; that I last saw her alive on Jan 9, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Arteriosclerosis

Due to:

Due to:

Other conditions: senile dementia (Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

Duration

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? (e) Means of injury:

23. Signature: H. F. Bergmann (M. D. or other) M. D.
Address: 3220 Washington Date signed: 1/10/41

(Licensed Embalmer's Statement on Reverse Side)

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 John Ketter

Licensed Embalmer No. 3880

P. O. Address.....

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, fact should be so stated above.