

Registration District No. 784

Primary Registration District No. 111

Registrar's No. 774

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Richmond Heights  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Marys Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1-Week  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis  
(c) City or town La Due Village  
(If outside city or town limits write "RURAL")  
(d) Street No. 9821 Clayton Rd.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7  
year 1941 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from March 25, 1941, to April 7, 1941;  
that I last saw her alive on April 7, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Myocarditis  
Due to: Acute Bacterial Pneumonia  
Due to: \_\_\_\_\_

Duration

Other conditions (include pregnancy within 3 months of death)

Major findings:  
Of operations: \_\_\_\_\_  
Of autopsy: no

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 J. W. McDonald (M. D. certifier) D  
Address 539 N. Grand Date signed 4-18-41

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

3. (a) PRINT FULL NAME Martha Schnarr

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife William Schnarr 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Dec 31 1875  
(Month) (Day) (Year)

8. AGE: Years 65 Months 3 Days 7 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name John Deuser  
13. Birthplace St. Louis Co. Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Rachael Luedloff  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Charles Locke  
(b) Address 315 N. Bemiston, Clayton, Mo

17. (a) Burial (b) Date thereof 4-9-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cem.

18. (a) Signature of funeral director Louis H. Hoff Inc  
(b) Address Kirkwood Mo.

19. (a) APR 8 1941 (b) J. W. McDonald  
(Date received local registrar) (Registrar's signature)

**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 M. Meyer*

Licensed Embalmer No.

*3788*

P. O. Address

*Hickwood, 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.**