

FILED JUN 25 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

17031

State File No.

Registrar's No. **4549**

Registration District No. **791**

Primary Registration District No. **1003**

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

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:
3811a St. Louis Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **48 Years.** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Mrs. Sarah Schnaare**

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 **Married**

6. (b) Name of husband or wife **Mr. Henry Schnaare** 6. (c) Age of husband or wife if alive **75** years

7. Birth date of deceased **Sept 24, 1868**
(Month) (Day) (Year)

8. AGE: Years 72	Months 8	Days 3	If less than one day hr. min.
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9. Birthplace **Wanego, Kansas**
(City, town, or county) (State or foreign country)

10. Usual occupation **at Home**

11. Industry or business **At. Home**

MOTHER FATHER { 12. Name **Washington Embley**
13. Birthplace **Michigan**
(City, town, or county) (State or foreign country)

14. Maiden name **Sybal Hyatt**
15. Birthplace **Michigan**
(City, town, or county) (State or foreign country)

16. (a) Informant **Henry Schnaare**

(b) Address **3811a St. Louis Ave.**

17. (a) **Burial** (b) Date thereof **5/31/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New Paltz, New York**

18. (a) Signature of funeral director **Reiderwieden Fun'l Home**

(b) Address **1936 St. Louis Ave.**

19. (a) **MAY 31 1941** (b) **J. P. ...**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County..... **000**
(c) City or town **St. Louis** **1017**
(If outside city or town limits, write "RURAL")
(d) Street No. **3811a St Louis Ave.** **9**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **27**
year **1941** hour **4** minute **05 P.** M.

21. I hereby certify that I attended the deceased from **Feb. 24th**, 19**41**, to **May 27th**, 19**41**;
that I last saw her alive on **May 27th**, 19**41**;
and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic Myocarditis **5 years.**
Due to **Dysentery, of unknown origin in 1918-1920.**

Other conditions (Include pregnancy within 3 months of death)

Major findings:
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?

While at work? (Specify type of place) (e) Means of injury.....

23. Signature **Edwin J. ...** (M. D. or other) **GMD**
Address **3635 No. ...** Date signed **5/28/41**

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.....

Licensed Embalmer No. *3737*

P. O. Address *1926 St. Louis*

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.