

No. 2
4-13-40
5-17-39
I X23153

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

19793
State File No. 4605
Registrar's No.

FILED JUL 21 1941
Registration District No. 791

Primary Registration District No.

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

30
17
9

1. PLACE OF DEATH: St. Louis
(a) County: St. Louis
(b) City or town: St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Masonic Home Hospital of Mo. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 yr. 5 mos.
(Specify whether
In this community: _____
years, months or days)

3. (a) PRINT FULL NAME: Edward William Schanz

3. (b) If veteran, name war: _____ 3. (c) Social Security No: 477-10-9768

4. Sex: male () 5. Color or race: W 6. (a) ~~State, widow or married~~ divorced: ?

6. (b) Name of husband or wife: Lillian Drullard 6. (c) Age of husband or wife if alive: ? years

7. Birth date of deceased: Oct. 13, 1874
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>7</u>	<u>18</u>	hr. _____ min.

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

10. Usual occupation: ret.

11. Industry or business: _____

MOTHER FATHER { 12. Name: Martin Schanz
13. Birthplace: Germany ✓
(City, town, or county) (State or foreign country)

{ 14. Maiden name: Annie Altemeier
15. Birthplace: Germany ✓
(City, town, or county) (State or foreign country)

16. (a) Informant: Iva Hirsch
(b) Address: 5351 Delmar, St. Louis, Mo.

17. (a) BURIAL (b) Date thereof: 6/3/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation: VALHALLA CEMETERY

18. (a) Signature of funeral director: EDITH E AMBRUSTER
(b) Address: 4234 MANCHESTER

19. (a) JUN 2 - 1941 (b) J. H. Brudach
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: NOO
(c) City or town: St. Louis, Mo 1217
(If outside city or town limits, write "RURAL")
(d) Street No.: 5351 Delmar, Masonic Home 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 31-
year 1941 hour 8.00 minute P. M.

21. I hereby certify that I attended the deceased from January 10---- 1941, to May 31, 1941; that I last saw him live on May 31, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis Duration 4 Mths

Due to: Chr. Interstitial Nephritis 1 yr.

Due to: Hypertension 2 yrs

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? _____
(Specify type of place) _____
(e) Means of injury _____
23. Signature: J. H. Brudach (M. D. or other)
Address: 508 N. Grand Blvd. Date signed: 6/1-41

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.....

.....
working under my personal supervision.

..... Registered Apprentice No.....

Signed..... *Flora Eynck*.....

..... Licensed Embalmer No. *1284*.....

..... P.O. Address *St. Louis 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, fact should be so stated above.