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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 28 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23678

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 6020

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: CITY HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 0
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000 17 9

(a) State MO (b) County

(c) City or town ST. LOUIS. 1
(If outside city or town limits, write "RURAL")

(d) Street No. 515 W. HURCK. ST.
(Rural, give location)

(e) If foreign born, how long in U.S. 0 years.

No Attending Physician

3. (a) PRINT FULL NAME FREDRICH SCHNITTKER.

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex MALE 0

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWED 2

6. (b) Name of husband or wife MACDALIN

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

7. Birth date of deceased SEPT. (Month) 25 (Day) 1855 (Year)

8. AGE: Years 85 Months 9 Days 26 If less than one day hr. min.

9. Birthplace (City, town, or county) 4 GERMANY (State or foreign country)

10. Usual occupation FLORIST.

11. Industry or business RETIRED

FATHER
12. Name UNKNOWN
13. Birthplace (City, town, or county) UNKNOWN (State or foreign country) 9

MOTHER
14. Maiden name UNKNOWN
15. Birthplace (City, town, or county) UNKNOWN (State or foreign country) 9

16. (a) Informant Katherine Schnittker

(b) Address 515 W. HURCK.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7-25-41 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Jos. P. Fendler

(b) Address 7128 Michigan Av.

19. (a) JUL 23 1941 (Date received local registrar) (b) J. H. Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21st year 1941 hour 7 minute 45 P.M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Intertrochanteric Fracture of right Femur, Arteriosclerosis, Suffered when Deceased fell in floor in his home 515 Hurck St

Duration

Due to

Other conditions (Include pregnancy within 3 months of death) 186a

Major findings:
Of operations 18

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) Accident 000

(b) Date of occurrence July 9, 1941

(c) Where did injury occur? St. Louis (City or town) (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)

While at work? (e) Means of injury

23. Signature Alfred Perry (M. D. or other) 5

Address Deputy Coroner Date signed 7/23/41

(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.....

Licensed Embalmer No. 925

P. O. Address 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.