

FILED APR 13 1942
Registration District No. 794

Primary Registration District No. 1003

Registrar's No.

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:
Park Lane Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days (Specify whether
In this community 55 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No 5475 Genevieve
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME William Schnake

3. (b) If veteran, name war World War #1 3. (c) Social Security No. 488-09-3454

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Schnake 6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased November 5 1886
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
55 4 13 hr. min.

9. Birthplace St. Louis 0 Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Guard

11. Industry or business City Workhouse

MOTHER FATHER { 12. Name Ernst Schnake
13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)
14. Maiden name Lena Schliener
15. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Schnake
(b) Address 5475 Genevieve
17. (a) Cremation (b) Date thereof 3 20 42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director W. A. Knight
(b) Address 3934 N. 20th St.
19. (a) MAR 19 1942 (b) J. P. [Signature]
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month March day 18
year 1942 hour 2 minute A. M.

21. I hereby certify that I attended the deceased from Feb. 15
1942 to Mar 18 1942
that I last saw him alive on March 18 1942
and that death occurred on the date and hour stated above.

Immediate cause of death..... Duration
Pulmonary embolism 36 hrs.
Due to Coronary & Liver
Pancreas & Stomach
Due to Stomach
Primary site in Liver
Other conditions.....
(Include pregnancy within 3 months of death)

Major findings: Of operations Coronary & Liver
Pancreas & Stomach
Of autopsy 0 H. G. [Signature]
PHYSICIAN
Underline the cause to which death should be charged etiologically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) H.S.
(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 W. A. Knight (M. D. or other) W. A. Knight
Address 3201 N. Broadway Date signed 3/19/42

844 (Licensed Embalmer's Statement on Reverse Side) W. A. Knight

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

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 *Alfred J. Boedeker*

Licensed Embalmer No. *2663*

P. O. Address *5934 Alpha*

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.