

FILED APR 13 1942

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 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:
4646 Moraine Ave.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community _____
years, months or days)

3. (a) PRINT FULL NAME Fredericka Schnuck

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 Widowed
 6. (b) Name of husband or wife Herman Schnuck 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased March 17th, 1856
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>86</u>	<u>0</u>	<u>3</u>	hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Herman Niemeier
 13. Birthplace Germany
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. L. Schnuck
 (b) Address 4457 Floriss Place

17. (a) Burial (b) Date thereof 3-23-42
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation St. Johns Cemetery

18. (a) Signature of funeral director Drehmann Herral
 (b) Address 1905 Union Blvd.

19. (a) MAR 23 1942 (b) J. J. Mellies
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 9. 000
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 4646 Moraine Ave.
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20th
 year 1942 hour one minute 30 P. M.

21. I hereby certify that I attended the deceased from March 2 1942 to March 20 1942
 that I last saw her alive on March 19 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death acute heart failure 4 days

Due to Chronic Myocarditis

Other conditions Bronchitis - La Grippe
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy 938

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. J. Mellies (M. D. or other) _____
 Address 3855 N. 70th Date signed 3/21/42

3825 N. 20th
D. W. J. M. 1-2

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..... *Albert R. Thompson Jr.*
Licensed Embalmer No. *4237*
P. O. Address.....

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.