

1959

V. S. No. 2
FORM 9-4-41
Rev. 5-17-39
I X29484

13042

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAY 13 1942
Registration District No.

Primary Registration District No. 1003

Registrar's No. 3965

1. PLACE OF DEATH:

(a) County.....

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 Days
(Specify whether years, months or days)

In this community 2 3 1 1/2

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. 2311 Menard St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME John Schnell

3. (b) If veteran, name war..... no

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3, year 1942 hour 2:00 minute A. M.

21. I hereby certify that I attended the deceased from April 22, 1942 to May 3, 1942; that I last saw him alive on May 3, 1942; and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Augusta

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased About 1886
(Month) (Day) (Year)

Immediate cause of death:
Coronary artery arteriosclerosis & cerebral thrombosis

Due to.....

Due to.....

Other conditions (include pregnancy within 3 months of death).....

8. AGE: Years Months Days If less than one day

About 56 Unknown hr. min.

PHYSICIAN

Major findings:
Of operations.....

Of autopsy as above

Underline the cause to which death should be charged statistically.

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

10. Usual occupation Laborer

11. Industry or business.....

12. Name Nickolas Schnell

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

14. Maiden name Unknown

15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Augusta Schnell

(b) Address 2311 Menard St.

17. (a) Burial (b) Date thereof May 5 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director W. C. Maydall

(b) Address 1986 Allen Ave.

19. (a) MAY 4 1942 (b) J. F. Brudick
(Date received local registrar) (Registrar's signature)

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) (Years of injury)

23. Signature Frank D. ... (Date signed 5/1/42)
Address 1315 Lafayette Ave.

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

40

7-13-10

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 me
....., Registered Apprentice No.....
working under my personal supervision.

Signed Al W. Jansky
Licensed Embalmer No. 4149
P. O. Address 1926 Allen

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.