

FILED JUN 2 1942 791

Registration District No.

Primary Registration District No. 1003

Registrar's No. 4507

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:
5312 Murdoch
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 006
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 9/14
(d) Street No. 5312 Murdoch Ave.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Nettie Schnell

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 married
6. (b) Name of husband or wife Louis W. Schnell 6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased July 11, 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 10 11 hr. min.

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

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER
12. Name Henry Nolting
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Catherine Kennel
15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Louis W. Schnell
(b) Address 5312 Murdoch Ave

17. (a) Burial (b) Date thereof 5/25/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Pk.

18. (a) Signature of funeral director J. F. Predeck
(b) Address 7027 Gravois Ave.

19. (a) MAY 25 1942 (b) J. F. Predeck
(Date received local registrar's certificate) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22nd
year 1942 hour 2:30 minute A. M.

21. I hereby certify that I attended the deceased from March 10th 1935 to May 22nd 1942.
that I last saw her alive on May 21st 1942
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Chronic Interstitial Nephritis 7 years

Due to.....
Due to.....
Other conditions Edema of Lungs - 2 weeks
(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?

While at work?..... (Specify type of place)
(e) Means of injury.....

23. Signature Albert Weisbarth (M. D. or other) MD
Address 3548 S. Grand Bl. Date signed 5-23-42

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

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17
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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.....

C. P. Kidwell

Licensed Embalmer No.....

3877

P. O. Address.....

7027 Graves

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.