

FILED AUG 6 1942 91

State File No.

6391

Registration District No.

Primary Registration District No.

Registrar's No.

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17
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County.....

(b) City or town..... St. Louis

(c) Name of hospital or institution:
4566 Pope Ave /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... None
(Specify whether)

In this community..... Birth
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... 000

(c) City or town..... St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No..... 4566 Pope Ave
(If rural, give location)

(e) Citizen of foreign country?..... No (Yes or No)

If yes, name country..... 0

3. (a) PRINT FULL NAME..... Henry O. Schnell

MEDICAL CERTIFICATION

3. (b) If veteran, name war..... None

3. (c) Social Security No..... No

20. DATE OF DEATH: Month..... July day..... 27th
year..... 1942 hour..... 3:45 PM minute..... M.

4. Sex..... Male

5. Color or race..... White

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

6. (b) Name of husband or wife..... Minnie Schnell nee Goering

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

7. Birth date of deceased..... June 10, 1869
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from..... JUNE 14, 1942
to..... JULY 27, 1942

that I last saw him alive on..... JULY 27, 1942
and that death occurred on the day and hour stated above.

Immediate cause of death..... CHRONIC LIVER (Hypertrophy) 1 yr.

Due to.....

Due to.....

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>1</u>	<u>17</u> hr. min.

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

Major findings:
Of operations.....

Of autopsy.....

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

10. Usual occupation..... Cooper

11. Industry or business..... St. Louis Screw Co.

MOTHER FATHER

12. Name..... Christ Schnell

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

14. Maiden name..... Louisa Heimenschneider

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

16. (a) Informant..... George Schnell

(b) Address..... 4566 Pope Ave

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof..... 7/30/42
(Month) (Day) (Year)

(c) Place: burial or cremation..... Memorial Park Cemetery

18. (a) Signature of funeral director..... Math Hermann & Son

(b) Address..... 2161 East Fair Ave

19. (a) JUL 29 1942
(Date received local registrar)

(b) J. F. Brudick
(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)

(e) Method of injury.....

23. Signature..... J. F. Brudick (M. D. or other)

Address..... 725 1/2 Date signed..... 7/29/42

PHYSICIAN
Underline the cause to which death should be charged statistically.

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.....

Francis C. Williamson

Licensed Embalmer No.....

3565

P. O. Address.....

St Louis Mo

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.