S. No. 2
M—5-42
5-17-39
I X3287

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 10 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4746

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1006

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: Jewish Hospital 0 (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: 96

(a) State Missouri (b) County St. Louis,

(c) City or town University City 5 NR (If outside city or town limits, write "RURAL")

(d) Street No. 7477 Gannon, Ave., (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Joseph H. Schnietz.

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male

5. Color or race 0 White

6. (a) Single, widowed, married, divorced 2 Widowed

6. (b) Name of husband or wife Rose Burke Schnietz.

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

7. Birth date of deceased March (Month) 6th (Day) 1870 (Year)

8. AGE: Years 72 Months 10 Days 24 If less than one day hr. min.

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

10. Usual occupation Retired (25 years)

11. Industry or business Laundry Supply Business

FATHER
12. Name Henry Schnietz.
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Elizabeth Nolte.
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Frances S. Jackson.

(b) Address 7477 Gannon, Ave.,

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1-31-43 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director C.R.Lupton & Sons.

(b) Address 7233 Delmar, Blvd.,

19. (a) FEB 1 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 30th year 1943 hour 3:30 minute a M.

21. I hereby certify that I attended the deceased from July 18, 1941, to Jan 30, 1943 that I last saw him alive on Jan 30, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Broncho pneumonia	2 days
Due to: Achrestic anemia.	2 years?
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations

Of autopsy Broncho pneumonia anemia. Heart Failure

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

22. If death was due to external causes, fill in the following: Organic

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Joseph Magidson (M. D. or other) MD.

Address 520 Westgate Date signed Jan 30 1943.

(Licensed Embalmer's Statement on Reverse Side)

Jos. Magiason.
520 W. Gate.
CA-8853
6-8 P.M.

1006

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 Clarence H. Murray

Licensed Embalmer No. 4011

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.