S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

11531

State File No. 1

APR 15 1943

Registration District No. 784 Primary Registration District No. 111 Registrar's No. 664

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Hospital
(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 Mo. (b) County St. Louis
(c) City or town Lemay Oakville Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Telegraph Rd.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME EMMA SCHNELLER

3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife William Schneller
6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased July 26 1894
(Month) (Day) (Year)

8. AGE: Years 48 Months 7 Days 23 If less than one day ..... hr. ..... min.

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

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name George Luther
13. Birthplace Oakville Mo.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Emma Gebhardt
15. Birthplace Oakville Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant William Schneller Wm Schneller
(b) Address Rt. 11 Box 680 Lemay, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 22, 43
(Month) (Day) (Year)
(c) Place: burial or cremation St. Pauls Cemetery

18. (a) Signature of funeral director C. Hoffmeister U.A.L.co.
(b) Address 7814 S. Broadway

19. (a) 3-23-43 (Date received local registrar) (b) Ed McGovern MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19
year 1943 hour 10 minute 30 A. M.

21. I hereby certify that I attended the deceased from March 15, 1943 to March 19, 1943
that I last saw her alive on March 18, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Tumor of Brain 8th Nerve

Due to .....

Due to .....

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

Major findings:
Of operations .....
Of autopsy .....

Duration

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

23. Signature [signature] (M. D. or other) M. D.
Address 4952 Maryland Date signed 3/20/43

(Licensed Embalmer's Statement on Reverse Side) St. Louis, Mo.

APR 30 1948

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

Licensed Embalmer No. 3472

P. O. Address 7814 So. Broadway

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.

4952 Maryland Ave.