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DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. _____
 Registrar's No. _____

FILED FEB 4 1948 18

Registration District No. _____ Primary Registration District No. _____

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: City Sanitarium
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution: 4 mos. 2 ds.
 In this community: 64 yrs.
 years, months or days (Specify whether)

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. 2167 Bremen Ave
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM SCHNELL (Snell)
 (b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH, Month Jan. day 29.
 year 1944 hour 3.20 minute _____ a. _____ M. _____

4. Sex male 5. Color or race white
 6. (a) Single, widowed, married, divorced wid. div.
 6. (b) Name of husband or wife Ida (Roeder) Schnell
 6. (c) Age of husband or wife if alive _____ years

21. I hereby certify that I attended the deceased from Sept 27th, 1943 to Jan. 29, 1944
 that I last saw him alive on Jan. _____ 19____
 and that death occurred on the date and hour stated above.

7. Birth date of deceased Jan. 19, 1880
 (Month) (Day) (Year)
 8. AGE: Years Months Days If less than one day
64 0 10 hr. _____ min. _____

Immediate cause of death _____ Duration _____
A rteriosclerotic Heart Disease with Hypertention 9/27/43x

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

Due to _____
Aspiration Pneumonia
 Due to _____

MOTHER FATHER
 11. Industry or business _____
 12. Name Jacob Schnell
 13. Birthplace not known Germany
 (City, town, or county) (State or foreign country)
 14. Maiden name Augusta
 15. Birthplace not known Germany
 (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Generalized Arteriosclerosis
 Of operations _____
 Of autopsy _____

16. (a) Informant J. Snigler
 (b) Address 5400 Arsenal
 17. (a) Burial (b) Date thereof Feb. 1, 1944
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation New St. Marcus Cemetery

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? _____

18. (a) Signature of funeral director Weick Bros.
 (b) Address 2201 S. Grand Bl.
 19. (a) JAN 31 1944 (b) J. F. Braddock
 (Date received local registrar) (Registrar's signature)

(Specify type of place) _____ (e) Means of injury _____
 23. Signature Wm. Belich (M. D. or other) MD
 Address 5400 Arsenal Date signed 1/29/44

(Licensed Embalmer's Statement on Reverse Side)

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

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 *Dary A. Stewart*

Licensed Embalmer No. 3722

P.O. Address 412 Duchouquette St.

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.