

S. No. 2
OM-5-43
v. 5-17-39
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9434

23857
DEPARTMENT OF HEALTH
BUREAU OF THE CENSUS
FILED MAR 27 1944
318

STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. _____
Registrar's No. 2750

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 21 days
(Specify whether _____)
In this community _____?
years, months or days)

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. 3416 Utah St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Angelica Mae Schnell
(b) If veteran, name war No
(c) Social Security No. None
4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
(b) Name of husband or wife Fred Schnell
(c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 23, 1873.
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 20th
year 1944 hour 7 minute 00 P.M.
21. I hereby certify that I attended the deceased from February 29th
1944 to March 20th, 44
that I last saw her alive on March 20th, 44
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
70 9 26 hr. min.

Immediate cause of death. Carcinoma of lung - pulmonary hemorrhage
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Duration _____

9. Birthplace England 4
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____
12. Name Thomas Taylor
13. Birthplace England 4
(City, town, or county) (State or foreign country)
14. Maiden name Hannah Wilby
15. Birthplace England 4
(City, town, or county) (State or foreign country)

PHYSICIAN
Major findings: none
Of operations _____
Of autopsy same
Underline the cause to which death should be charged statistically.

16. (a) Informant Mr. Thomas Mitchell
(b) Address 736 CENTRAL AVE ALTON, ILL.
17. (a) Removal (b) Date thereof Mar. 24, 1944.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Alton, Illinois.

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 CALVIN F. FEUTZ FUNERAL HOME
(b) Address 4828 Natural Bridge Blvd.
19. (a) MAR 22 1944 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

23. Signature Frank Feutz (M. D. or other) _____
Address 1515 Lafayette Date signed _____

(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

John A. M... ..

Licensed Embalmer No. *4186*

P. O. Address *St. Louis Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his QWN 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.