

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:
2044 E. Harris 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 _____
years, months or days

3. (a) PRINT FULL NAME **William E. Schnuck**

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

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

6. (b) Name of husband or wife **Minnie A. Schnuck nee Warning** 6. (c) Age of husband or wife if alive **56** years

7. Birth date of deceased **May 18, 1879**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	65	5	8	hr. _____ min.

9. Birthplace **St. Louis Mo.** 11
(City, town, or county) (State or foreign country)

10. Usual occupation **Salesman**

11. Industry or business **Retired**

12. Name **Henry Schnuck**

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

14. Maiden name **Caroline Krite**

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

16. (a) Informant **Mrs Minnie A. Schnuck**

(b) Address **2044 E. Harris Ave**

17. (a) **Burial** (b) Date thereof **10/30/44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Johns Cemetery**

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

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

19. (a) **OCT 28 1944** (b) **J. J. [Signature]**
(Date received local registrar) (Registrar's signature)

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. **2044 E. Harris Ave**
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **26,**
 year **1944** hour **10:30 AM** minute _____ M.

21. I hereby certify that I attended the deceased from **Nov 1st** 19**44** to **Oct 26** 19**44**
 that I last saw him alive on **Oct 25** 19**44**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary occlusion** Duration **10 min**

Due to **Hypertension**

Due to **Arterio sclerosis**

Other conditions **Cardiohypertrophy**
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy **95-27**

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?

While at work? _____ Means of injury _____
 Signature **Carl M. [Signature]** (M. D. or other) **(M.D.)**
 Address **4356 Trarre** Date signed **10/27/44**

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

Welford G. Burnley

Licensed Embalmer No. *4202*

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.