S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 26 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40712

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1264

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2919 Felix st. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 60 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St Joseph 11 (If outside city or town limits, write "RURAL")
(d) Street No. 2919 Felix 1 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME George August Schnaitman
3. (b) If veteran, name war —
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 Stella
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct (Month) 28 (Day) 1868 (Year)

8. AGE: Years 76 Months 1 Days 16 If less than one day hr. min.

9. Birthplace Louisville (City, town, or county) Ky 1 (State or foreign country)
10. Usual occupation Retired Cigar Mfg.
11. Industry or business
FATHER
12. Name Heinrich Schnaitman
13. Birthplace (City, town, or county) Germany 11 (State or foreign country)
MOTHER
14. Maiden name Sophia ?
15. Birthplace (City, town, or county) Germany 11 (State or foreign country)
16. (a) Informant Stella Schnaitman
(b) Address St Joseph, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-18-44 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park
18. (a) Signature of funeral director Fleeman & Son Inc
(b) Address St Joseph, Mo
19. (a) 12-18-44 (Date received local registrar) (b) Helen I. Pickle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 14 year 1944 hour 3 minute 30 P.M.
21. I hereby certify that I attended the deceased from Dec 14 1944, 1944, to Dec 14, 1944 that I last saw him alive on Dec 14, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia from (Bronchial)

Due to Influenza

Due to 93d

Other conditions Chronic myocarditis (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 Collis Rosenberg (M. D. [illegible])
Address [illegible] Date signed Dec 25-44

(Licensed Embalmer's Statement on Reverse Side)

1377

APR 25 1945

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 Robert L Gaple

Licensed Embalmer No. 3308

P. O. Address St Joseph, 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.