

FILED MAR 23 1945  
318

Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

Registrar's No. 2376

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution  
XA 1938a E. Wayne Ave.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days  
(Specify whether  
in this community 45 years.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 4522 Adelaide Ave.  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Rosa Schnur

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12  
year 1945 hour 11 minute A M.

21. I hereby certify that I attended the deceased from Mar 12 1945  
to Mar 12 1945

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

6. (b) Name of husband or wife William Schnur 6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased Dec. 19 1868  
(Month) (Day) (Year)

that I last saw him alive on Mar 12 1945  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

76	2	23	hr. min.
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Immediate cause of death Cerebrovascular

Due to \_\_\_\_\_

Due to \_\_\_\_\_

9. Birthplace Bellville, Ill  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Anton Weis

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

14. Maiden name Anna Buser

15. Birthplace France  
(City, town, or county) (State or foreign country)

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant William Schnur

(b) Address 4522 Adelaide Ave.

17. (a) Burial (b) Date thereof 3/15/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director [Signature]

(b) Address 2117 E. Grand Blvd.

19. (a) MAR 14 1945 (Date received local registrar) J. F. Bredenk (Registrar's signature)

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 \_\_\_\_\_ (Specify type of place)

(d) Means of injury \_\_\_\_\_

23. Signature [Signature] (Dr. D. or other) 3/12/45

Address 1878 Madison Date signed \_\_\_\_\_

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 \_\_\_\_\_

*Frank A. Moore*

Licensed Embalmer No. \_\_\_\_\_

3041

P. O. Address \_\_\_\_\_

2117 E. Grand

**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.**