

FILED **SEP 11 1946**

Registration District No. **324**

Primary Registration District No. **3072**

1. PLACE OF DEATH:

(a) County **Saline**
(b) City or town **Marshall, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
471 South Lafayette
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community **70 Years**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Saline** **97**
(c) City or town **Marshall**
(If outside city or town limits, write "RURAL") **1**
(d) Street No. **471 South Lafayette** **2**
(If rural, give location) **0**
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Louis Schnurmacker**

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 **Single**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife If alive _____ years

7. Birth date of deceased **June 18 1866**
(Month) (Day) (Year)

8. AGE: Years **79** Months **6** Days **27** If less than one day _____ hr. _____ min.

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

10. Usual occupation **Owned & Operated cigar Co.**

11. Industry or business _____

MOTHER FATHER { 12. Name **Solomon Schnurmacher** 4
13. Birthplace **Unknown Austria** 4
(City, town, or county) (State or foreign country)
14. Maiden name **Charlotte Klein** **Austria** 4
15. Birthplace **Unknown Austria** 4
(City, town, or county) (State or foreign country)

16. (a) Informant **Solomon Wronker**
(b) Address **Marshall, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **I/16/1946**
(Month) (Day) (Year)
(c) Place: burial or cremation **St. Louis, Mo.**

18. (a) Signature of funeral director **A. Seebach**
(b) Address **Marshall, Mo.**

19. (a) **1-16-46** (Date received local registrar) (b) **M. T. Westphal** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jun** day **14** year **46** hour **4** minute **A. M.**

21. I hereby certify that I attended the deceased from **10 1946 to Jun 14 1946**
that I last saw him alive on **Jun 14 1946**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage** **4 days**

Due to **arterial Sclerosis**

Other conditions (Include pregnancy within 3 months of death) **1**

Major findings: Of operations **8:30**
Of autopsy _____

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) (e) Means of injury _____

23. Signature **M. T. Westphal** (M. D. or other) **M. T. Westphal**
Address _____ Date signed **1/16/46**

Duration
Physician
Underline the cause to which death should be charged statistically.

WRITE PLAINLY - USE UNFADING BLACK INK - MAKE A PERMANENT RECORD
3334

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 2-8-46

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 J. Leslie Sweeney

Licensed Embalmer No. 3235

P. O. Address Marshall, 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.