. S. No. 2
M—8-43
. 5-17-39
I X37823

WRITE PLAINLY—USE UNFADING BLACK INK. MAKE A PERMANENT RECORD

6856

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED 318 1 1946

Registration District No. _____

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 7906

Registrar's No. 1695

1. PLACE OF DEATH:

(a) County: St. Louis

(b) City or town: _____ (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Sanitarium 0

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 1yr. 1mo. 17ds. (Specify whether years, months or days)

In this community: 72 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 000

(c) City or town: St. Louis 17 (If outside city or town limits, write "RURAL")

(d) Street No.: 5400 Arsenal St. 139 (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country: _____

3. (a) PRINT FULL NAME: CATHERINE SCHNITZMEYER

3. (b) If veteran, name war: _____

3. (c) Social Security No.: _____

4. Sex: Female

5. Color or race: white

6. (a) Single, widowed, married, divorced: Sgl. 0

6. (b) Name of husband or wife: _____

6. (c) Age of husband or wife if alive: _____ years

7. Birth date of deceased: July (Month) 13, (Day) 1873 (Year)

8. AGE: Years 72 | Months 7 | Days 6 | If less than one day: _____ hr. _____ min.

9. Birthplace: St. Louis (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation: Seamstress

11. Industry or business: _____

FATHER

12. Name: Conrad Schnitzmeyer

13. Birthplace: Germany (City, town, or county) _____ (State or foreign country) 7

MOTHER

14. Maiden name: Mary Rubruch

15. Birthplace: St. Louis (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant: Thelma Deugler

(b) Address: 5400 Arsenal St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2/20/46 (Month) (Day) (Year)

(c) Place: burial or cremation: SS. Peter & Paul Cem.

18. (a) Signature of funeral director: Gebken-Benz Mort.

(b) Address: 2842 Meramec St.

19. (a) FEB 19 1946 (Date received local registrar) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 19 year 1946 hour 3.20 minute a. M.

21. I hereby certify that I attended the deceased from Feb. 1st, 1946 to Feb. 19, 1946 that I last saw her alive on Feb. 19, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Myocarditis	1/2/45x
Due to: Senility	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy: Yes	

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: Jack Kidelman (M. D. or other) 0

Address: 5400 Arsenal St. Date signed: _____

(Licensed Embalmer's Statement on Reverse Side)

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 Lorron E. Percy

Licensed Embalmer No.....

P. O. Address.....

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.