S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15173

FILED APR 18 1946

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 3361

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: 4263 So. Compton Ave. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 060

(c) City or town St. Louis. 1517
(If outside city or town limits, write "RURAL")

(d) Street No. 4263 So. Compton Ave. 9
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME Bertha Schnietz

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 Married /

6. (b) Name of husband or wife Theodore H. Schnietz

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Feb. (Month) 7 (Day) 1886 (Year)

8. AGE: Years 60 Months 2 Days 5 If less than one day hr. min.

9. Birthplace -- -- (City, town, or county) Missouri (1) (State or foreign country)

10. Usual occupation At home

11. Industry or business

FATHER 12. Name Gustav Gauchat

13. Birthplace Don't Know. 4 (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name Mary R. Jorai

15. Birthplace Switzerland 5 (City, town, or county) (State or foreign country)

16. (a) Informant Theodore H. Schnietz

(b) Address 4263 So. Compton Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/15/46 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive Cemetery

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

(b) Address 2842 Meramec St.

19. (a) APR 12 1946 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12th year 1946 hour 8 minute 25 A.M.

21. I hereby certify that I attended the deceased from 2-19, 1945, to Apr 4, 1946 that I last saw h. alive on Apr 4, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	?
Due to Hypertension	?
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations

Of autopsy

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 Bert H. Klein (M. D. or other)

Address 2632 S. Kingshighway Date signed 4-12-46

(Licensed Embalmer's Statement on Reverse Side)

MAY 16 19[illegible]

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 Lorain C. Perry

Licensed Embalmer No. 4094

P. O. Address 2842 Meramec St. St. Louis, 18, 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.