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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 26 1946

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

25706

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 6256

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

(d) Length of stay: In hospital or institution 1 da. 17 hr. 40 min. (Specify whether years, months or days)

In this community same as above

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 0002

(c) City or town St. Louis 16 9
(If outside city or town limits, write "RURAL")

(d) Street No. 6045 Wanda
(If rural, give location)

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

If yes, name country —

3. (a) PRINT FULL NAME DIANE RAE SCHNIETZ

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex FEMALE 1

5. Color or race W

6. (a) Single, widowed, married, divorced — 1

6. (b) Name of husband or wife —

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

7. Birth date of deceased 7 - 13 - 46 (Month) (Day) (Year)

8. AGE: Years | Months | Days 1 | If less than one day 17 hr. 40 min.

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

10. Usual occupation newborn

11. Industry or business —

FATHER
12. Name Raymond R. Schnietz
13. Birthplace St. Louis (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Elenora Staake
15. Birthplace St. Louis (City, town, or county) Mo (State or foreign country)

16. (a) Informant V. Duecker RN.
(b) Address Lutheran Hospital

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/16/46 (Month) (Day) (Year)

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

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

(b) Address 2842 Meramec St.,

19. (a) JUL 16 1946 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 15 year 46 hour 2 minute 50 a. M.

21. I hereby certify that I attended the deceased from 7 - 13, 1946, to 7 - 15, 1946 that I last saw h. alive on 7 - 15, 1946 and that death occurred on the date and hour stated above.

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

161

Major findings:
Of operations Respiratory arrest due to
Of autopsy hemorrhage around the spinal cord GWK.

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 Hugh R. Smith (M. D. or other) M.D.

Address 607 N. Grand Blvd. Date signed 7/15/46.

(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.

No Embalming.

Signed Loron E. Percy

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 wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.