

No. 2  
2-45  
17-39  
X47070

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

DEPARTMENT OF COMMERCE  
BUREAU OF LICENSING  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19762

State File No. \_\_\_\_\_

Registration District No. 317

Primary Registration District No. 4465

Registrar's No. 1023

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town ROCK HILL MO.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution ROCKHILL REST HOME 4  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 WEEKS  
LIFE (Specify whether  
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS

(c) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL")

(d) Street No. 5916 EMMA AVE  
(If rural, give location)

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

3. (a) PRINT FULL NAME MARY SCHNELLE

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 7<sup>TH</sup>  
year 1947 hour 5<sup>00</sup> minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from april 18  
1947 to may 7 1947  
and that death occurred on the date and hour stated above.

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife JOSEPH J. SCHNELLE

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

7. Birth date of deceased: SEPT 6<sup>TH</sup> 1875  
(Month) (Day) (Year)

Immediate cause of death chronic myocarditis & senility

Duration \_\_\_\_\_

8. AGE: Years 71 Months 8 Days 1  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_ 930d

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

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

MOTHER FATHER

9. Birthplace ST. LOUIS MO.  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WORK AT HOME

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

12. Name HENRY MERKEL

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

14. Maiden name LOUTSA MERKEL

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

Major findings: Of operations \_\_\_\_\_

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

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Frank Alencamp 5444 N. Campbell Chicago 25. Ill.

(b) Address \_\_\_\_\_

17. (a) BURIAL (b) Date thereof MAY 10 - 47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEM.

18. (a) Signature of funeral director Brookland Und. Co.

(b) Address 1827 Hagan Str.

19. (a) 5-12-47 (b) Carol J. Sharpe  
(Date received local registrar) (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)

(e) Means of injury \_\_\_\_\_

23. Signature a. J. Merkel (M. D. or other) \_\_\_\_\_  
Address 7507 Plover Date signed 5-8-47

JUN 2 1947

**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

*John S. Penne*  
.....  
Licensed Embalmer No. *4194*  
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.**