S. 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 7 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22631

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6188

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:
5318 West Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 58 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5318 West Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MRS. LOUISE SCHNATMEYER

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 Widowed

6. (b) Name of husband or wife Mr. Charles Schnatmeyer 6. (c) Age of husband or wife if alive years

7. Birth date of deceased August 2, 1871 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
75	10	25	hr. min.

9. Birthplace (City, town, or county) Germany (State or foreign country)
10. Usual occupation Housewife
11. Industry or business At Home

FATHER
12. Name Henry Alwes
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Henrietta Spricht
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Mrs. Emma Grimm
(b) Address 5318 West Avenue
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 30, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation New Bethlehem Cemetery
18. (a) Signature of funeral director Beiderwieden F. H. Inc
(b) Address 1936 St. Louis Avenue
19. (a) JUN 30 1947 (Date received local registrar) (b) J. F. Breneck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27
year 1947 hour 7 minute 00 P. M.

21. I hereby certify that I attended the deceased on May 15 47 (only one office visit) to 19; that I last saw h. alive on May 15 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Ca of stomach
Due to Carcinoma
Due to
Other conditions Senility, dehydration
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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 Maximilian Weitman M. D. or other M. D.
Address 3530 ARSENAL, St. Louis Date signed 6-28-49
Mo Weitman

(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.....Glen W. Hatz.....

Licensed Embalmer No.....3737.....

P. O. Address.....1936 St. Louis Ave

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.