

No. 300
4-10-47
5-17-39
I, 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

7006
State File No. _____
Registrar's No. 2178

FILED MAR 15 1948

Registration District No. 318

Primary Registration District No. 1003

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

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:
Enroute City Hospital 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 17
(d) Street No. 3700 S. Main St. - Shack #58
24 (If rural, give location) 9
(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Ernest Schnute
3. (b) If veteran, name war Unknown 3. (c) Social Security No. Unknown

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 29
year 1948 hour 8 minutes 30 A. M.

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased September 13 1873
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
About 74 5 16 hr. min.

Immediate cause of death
Due to Edema of Brain
Cardiac Hypertrophy
Due to _____
Other conditions (Include pregnancy within 3 months of death) 95

9. Birthplace Unknown Indiana 1
(City, town, or county) (State or foreign country)
10. Usual occupation Junker

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN
Underline the cause to which death should be charged statistically.

11. Industry or business _____
12. Name Christ Schnute
13. Birthplace Unknown Germany 7
(City, town, or county) (State or foreign country)
14. Maiden name Freida Alms
15. Birthplace Unknown Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Walter Britzer
(b) Address Evansville, Ind.
17. (a) Removal (b) Date thereof 3-2-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Evansville, Ind.

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? _____

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) MAR 2 1948 (b) J. F. Braddock
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(c) Means of injury ?
23. Signature Alfred J. Perry M.D.
Address Deputy Coroner Date signed 3-2-48

(Licensed Embalmer's Statement on Reverse Side)

2178

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..... *Edward P. Cadwell*

Licensed Embalmer No. *4077*

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.