

No. 2
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17-39

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED APR 14 1948

Registration District No. 377

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6026

State File No. 11123

Registrar's No. 841

1. PLACE OF DEATH:

(a) County... St Louis
(b) City or town... Gardenville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 7826 Elton /
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Mo (b) County... St Louis 96
(c) City or town... Gardenville 0
(If outside city or town limits, write "RURAL")
(d) Street No... 7826 Elton 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME

John Schnur

3. (b) If veteran, name war... 3. (c) Social Security No.

4. Sex... M O 5. Color or race... W 6. (a) Single, widowed, married, divorced... M /
6. (b) Name of husband or wife... Elizabeth 6. (c) Age of husband or wife if alive... 67 years
7. Birth date of deceased... May 22 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 10 7 hr. min

9. Birthplace... Europe (City, town, or county) (State or foreign country)

10. Usual occupation

Auto Painter

11. Industry or business
12. Name... Not Known 7
13. Birthplace... Not Known (City, town, or county) (State or foreign country)
14. Maiden name... Not Known 9
15. Birthplace... Not Known (City, town, or county) (State or foreign country)

16. (a) Informant... Elizabeth Schnur
(b) Address... 7826 Elton
17. (a) Burial (b) Date thereof... 3/31/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation... Lakewood Park Cemetery

18. (a) Signature of funeral director... J L Ziegenhein & Sons
(b) Address... 7027 Gravois
19. (a) 3-29-48 (b) [Signature] (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29 year 1948 hour 5 minute P.M.

21. I hereby certify that I attended the deceased from Dec. 5, 1946 to Mar. 29, 1948 that I last saw him alive on Mar 29, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death... Coronary occlusion (Thrombosis) 1 hour.
Due to... arteriosclerosis 2 year
Due to... myocarditis 93d 2 year

Other conditions... (Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: Of operations...
Of autopsies...

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... M. R. Wiluchin (M. D. or other) M.D.
Address... 83012 [Address] Date signed... 3-29-48

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

MOTHER FATHER

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 W. G. Peterson
Licensed Embalmer No. 3767
P. O. Address 7027 Gravois

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.