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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 84667

FILED NOV 6 1948

Registration District No. 818

Primary Registration District No. 1005

Registrar's No. 9169

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2166 Tower Grove 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
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. 2166 Tower Grove Avenue
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Nora M. Schnitzer
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F.
5. Color or race W.
6. (a) Single, widowed, married, divorced M.
6. (b) Name of husband or wife John F. Schnitzer
6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased May (Month) 24 (Day) 1876 (Year)

8. AGE: Years 72 Months 4 Days 27 If less than one day hr. min.

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

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

MOTHER
14. Maiden name Teresa Gerstreiger
15. Birthplace Switzerland (City, town, or county) (State or foreign country)

16. (a) Informant John F. Schnitzer
(b) Address 2166 Tower Grove Avenue
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10-25-48 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla
18. (a) Signature of funeral director Alexander Sons
(b) Address 6175 Delmar
19. (a) OCT 23 1948 (Date received local registrar) (b) J B Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 21 1948 hour 11: minute 59 P. M.

21. I hereby certify that I attended the deceased from Oct 3 1944 to Oct 21 1948 that I last saw her alive on Oct 21 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute heart failure	4 hrs
Due to: Arterial hypertension	indef
Due to: Hypertensive Heart Disease	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations None	
Of autopsy None	

PHYSICIAN
Underline the cause of 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 Roland Skiffer (M. D. ~~mother~~)
Address 4100 Olive Date signed 10/22/48

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

Jefferson City Printing Co. (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 Thomas R. Fenwick

Licensed Embalmer No. 3793

P. O. Address 6175 Delmar

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.