

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

FILED JAN 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

3233

186

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|--|--|--|--|--|---|-----------------------|--|
| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. _____ | |
| 1. PLACE OF DEATH a. COUNTY St. Louis b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis c. LENGTH OF STAY (in this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION Little Sister Poor | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY St. Louis c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis d. STREET ADDRESS (If rural, give location) 20 2225 N. FLORISSANT | | | |
| 3. NAME OF DECEASED (Type or Print) KATP | | a. (First) _____ b. (Middle) _____ c. (Last) SCHNELL | | 4. DATE OF DEATH (Month) (Day) (Year) JAN 7 - 1949 | | | |
| 5. SEX FEMALE | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (State or foreign country) Mo. - St. Louis | | | |
| 13a. FATHER'S NAME U.N. | | 13b. MOTHER'S MAIDEN NAME U.K. | | 14. NAME OF HUSBAND OR WIFE GEORGE | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME + ADDRESS Clara M. Mary 2604 Brown Road | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Ch. Myocarditis. Arteriosclerosis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Blind & Deaf | | | INTERVAL BETWEEN ONSET AND DEATH 36 hours 2 years ??? | | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION None | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) None | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis MO MO | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? _____ | | | |
| 22. I hereby certify that I attended the deceased from May 12, 1946 , to Jan 7, 1949 , that I last saw the deceased alive on Jan 5, 1949 , and that death occurred at 6 A. M. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE Bernard H. Kottel | | (Degree or title) _____ | | 23b. ADDRESS 2435 N. Grand Blvd | | | |
| 23c. DATE SIGNED 1-7-49 | | 24a. BURIAL, CREMATION, REMOVAL (Specify) _____ | | 24b. DATE 1-10-49 | | | |
| 24c. NAME OF CEMETERY OR CREMATORY CONCORDIA | | 24d. LOCATION (City, town, or county) (State) ST. LOUIS | | 25. FUNERAL DIRECTOR'S SIGNATURE + ADDRESS Cullen Kelly 4386 Lindell | | | |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JAN 7 1949 J.B. Lasater | | 25. FUNERAL DIRECTOR'S SIGNATURE + ADDRESS Cullen Kelly 4386 Lindell | | | | | |

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.....

..... Student Embalmer No.

working under my personal supervision.

Signed..... *James A. Lammie*

Signed.....
Student Embalmer

Licensed Embalmer No. *4142*

P. O. Address *St Louis*

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.