U.S. No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39020

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9488

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St Louis
c. LENGTH OF STAY (In this place) 2 wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Lutheran Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St Louis 219.9
d. STREET ADDRESS (If rural, give location) 4355 Forest Park Blvd

3. NAME OF DECEASED (Type or Print)
a. (First) Anna
b. (Middle)
c. (Last) Schnitzer

4. DATE OF DEATH (Month) (Day) (Year) Nov. 7, 1950

5. SEX female
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow
8. DATE OF BIRTH Dec. 3, ~~1950~~ 1871
9. AGE (In years last birthday) 78 — If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Germany
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Not known
13b. MOTHER'S MAIDEN NAME Not known
14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME Arthur Wigand **ADDRESS** AFFTON, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Gall-Bladder — INTERVAL BETWEEN ONSET AND DEATH 2

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR? 155X

22. *I hereby certify that I attended the deceased from* Oct 9, 1950, *to* Nov 7, 1950 *that I last saw the deceased alive on* Nov 6, 1950 *and that death occurred at* 4:20 Am., *from the causes and on the date stated above.*

23a. SIGNATURE H Louis Schuchat, MD (Degree or title)
23b. ADDRESS 3846 Olive Place
23c. DATE SIGNED Nov 8 50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Nov. 10, 1950
24c. NAME OF CEMETERY OR CREMATORY St. Peter & Paul Cemetery
24d. LOCATION (City, town, or county) St. Louis (State) Mo.

DATE REC'D BY LOCAL REG. NOV 8 1950
REGISTRAR'S SIGNATURE J B Fassler
25. FUNERAL DIRECTOR'S SIGNATURE J L Ziegenhein & Sons **ADDRESS** 7027 Gravois

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 27 1950

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 .....

working under my personal supervision.

Student Embalmer No. .....

Signed W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address 7021 Geavis

Signed .....
Student Embalmer

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.