

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6759

State File No. 1329

FILED MAR 8 1952

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS Mo	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN AFFTON 481.0	d. STREET ADDRESS (If rural, give location) 5407 LANGLEY
d. FULL NAME OF HOSPITAL OR INSTITUTION LUTHERAN HOSPITAL			

3. NAME OF DECEASED (Type or Print)	a. (First) FRANK	b. (Middle) G.	c. (Last) SCHNORBUS	4. DATE OF DEATH (Month) (Day) (Year) FEB. 9 1952
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH FEB. 15 1906	9. AGE (In years last birthday) 45	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WATCHMAN	10b. KIND OF BUSINESS OR INDUSTRY BUSCH BREWERY	11. BIRTHPLACE (State or foreign country) ST. LOUIS Mo	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME FRANK H. SCHNORBUS	13b. MOTHER'S MAIDEN NAME JOHANNA BERNINGER	14. NAME OF HUSBAND OR WIFE ANNA SCHNORBUS
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ANNA SCHNORBUS	ADDRESS AFFTON Mo.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Nephritis Chronic (Nephrosic)		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) (Uremia poisoning) DUE TO (c) N.P.N - 250. Urea Nitro - 186. mg/100		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION 1-22-52	19b. MAJOR FINDINGS OF OPERATION Exploratory + Cholecystectomy.	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? 586X
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22. I hereby certify that I attended the deceased from 11-12-1951, to 2-9-1952, that I last saw the deceased alive on 2-9-1952, and that death occurred at 11:43 A.M., from the causes and on the date stated above.

23a. SIGNATURE John H. Drenner (Degree or title)	23b. ADDRESS 1504 So Grand Ave	23c. DATE SIGNED 2-11-52
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24a. BURIAL, CREMATION, REMOVAL REMOVAL	24b. DATE FEB. 13 1952	24c. NAME OF CEMETERY OR CREMATORY RESURRECTION	24d. LOCATION (City, town, or county) (State) ST. LOUIS Mo
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DATE REC'D BY LOCAL REG. FEB 11 1952	REGISTRAR'S SIGNATURE Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE Thomas Kutis	ADDRESS 2906 Beavris
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

James E. Hill

Signed
Student Embalmer

Licensed Embalmer No. 4347

P. O. Address 2906

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.