

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22609**

FILED JUN 27 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5095**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1800 S 8th Street</b>		d. STREET ADDRESS (If rural, give location) <b>1800 S 8th Street</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Joseph</b> b. (Middle) c. (Last) <b>Schnur</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>June 3 1952</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <b>Married</b> (Specify)	8. DATE OF BIRTH <b>June 14 1885</b>	9. AGE (In years last birthday) <b>66</b> IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Cabinet Maker</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Rumania 6</b>	12. CITIZEN OF WHAT COUNTRY? <b>U S</b>
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13a. FATHER'S NAME <b>Anton Schnur</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Margaret Schnur</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Anton Schnur</b>	ADDRESS <b>1800 S 8th Street</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>2 MO.</b>  <b>year?</b> <b>year?</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Heart failure</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Generalized carcinoma</b> DUE TO (c) <b>Adenocarcinoma, Pancreas</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <b>4-2-52</b>	19b. MAJOR FINDINGS OF OPERATION <b>Adenocarcinoma Pancreas. Extensive Metastases</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>No</b>	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 type="checkbox"/>	21f. HOW DID INJURY OCCUR <b>157X</b>
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22. I hereby certify that I attended the deceased from **3-25**, 19**52**, to **5-5**, 19**52**, that I last saw the deceased alive on **5-5**, 19**52**, and that death occurred at **2:30** m., from the causes and on the date stated above.

23a. SIGNATURE <b>By: J. Costello</b>	(Degree or title) <b>M.D.</b>	23b. ADDRESS <b>1515 Lafayette</b>	23c. DATE SIGNED <b>6-4-52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Cremation</b>	24b. DATE <b>6/5/52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Missouri Crematory</b>	24d. LOCATION (City, town, or county) (State) <b>St Louis Mo.</b>
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DATE REC'D BY LOCAL REG. <b>JUN 4 1952</b>	REGISTRAR'S SIGNATURE <b>J. Smith M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Moydell Funeral Home</b>	ADDRESS <b>1926 Allen Av</b>
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(Licensed Embalmer's Statement on Reverse Side)

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 me

working under my personal supervision.

Student .....  
Student Embalmer

Signed Vol A. Strammann  
Student Embalmer No. \_\_\_\_\_

Licensed Embalmer No. 4533

P. O. Address St. Louis, Mo.

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.