

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44022

State File No. _____

No. 300
10:48

FILED JAN 8 - 1953

REG. DIST. NO. 317

PRIMARY REG. DIST. NO. 543

Registrar's No. 3290

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

1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) Jennings			c. LENGTH OF STAY (In this place) 5 years	c. CITY (If outside corporate limits, write RURAL and give township) Jennings			4148
d. FULL NAME OF HOSPITAL OR INSTITUTION 5828 Janet Ave.				d. STREET ADDRESS (If rural, give location) 5828 Janet Ave.			
3. NAME OF DECEASED (Type or Print) a. (First) Anthony			b. (Middle) _____		c. (Last) Schnelle		4. DATE OF DEATH (Month) (Day) (Year) December 23, 1952.
5. SEX 0 male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH June 25, 1888		9. AGE (In years last birthday) (Specify) 64	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 12 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance Man		10b. KIND OF BUSINESS OR INDUSTRY Maintenance		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Frank Schnelle		13b. MOTHER'S MAIDEN NAME Mina Potusch		14. NAME OF HUSBAND OR WIFE Anna Schnelle			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WW I		16. SOCIAL SECURITY NO. 493-07-2685		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Anna Schnelle 5828 Janet Ave.			
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	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Pancreas					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____					
		DUE TO (c) _____				157X	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Metastases to Liver					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) (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 4/17, 1952 , to 12/23, 1952 , that I last saw the deceased alive on 12/23, 1952 , and that death occurred at 5:00 p. m. , from the causes and on the date stated above.							
23. SIGNATURE (Degree or title) H. F. Bergman M.D.				23b. ADDRESS 3720 Washington		23c. DATE SIGNED 12/26/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-26-52	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		24d. LOCATION (City, town, or county) (State) Normandy, Missouri.		
DATE REC'D BY LOCAL REG. 12-26-52		REGISTRAR'S SIGNATURE Hubert R. Daniels - M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Math Hermann & Son, Inc. 2161 E. Fair Ave.			

(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 _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed Clement McManis

Licensed Embalmer No. 3732

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.