

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>0530</b>							
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE				b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>				c. LENGTH OF STAY (In this place) <b>18 days</b>		c. CITY OR TOWN <b>St. Louis</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer Phillips Hospital</b>				STREET ADDRESS <b>1041 Baden Avenue</b>		8		2089					
3. NAME OF DECEASED (Type or Print) a. (First) <b>Harry</b>			b. (Middle) <b>Schnardthorst</b>			c. (Last) <b>Schnardthorst</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Jan 16 1955</b>				
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Jan. 6, 1896</b>		9. AGE (In years last birthday) <b>59</b>		IF UNDER 1 YEAR Months Days		IF UNDER 2 HRS. Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Self-Employed</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>General Home Repairs and Building</b>				11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13a. FATHER'S NAME <b>Henry Schnardthorst</b>				13b. MOTHER'S MAIDEN NAME <b>Dora Kroger</b>				14. NAME OF HUSBAND OR WIFE <b>E. Kathryn Schnardthorst</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b>				16. SOCIAL SECURITY NO. <b>Unknown</b>		17. INFORMANT'S SIGNATURE OR NAME <b>E. Kathryn Schnardthorst</b>		ADDRESS <b>1041 Baden Ave</b>					
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <b>1. Gastro intestinal hemorrhage; 2. Lobar Pneumonia; 3. 3rd degree burns of 50% of body; suffered in fire caused by escaping gas from unsealed outlet in kitchen of home at 4417a Floriss Place about 8:10 A.M. Dec. 30th, 1954, when some unknown party opened valve of dual connection in basement of same. ACCIDENT.</b>								INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
21a. ACCIDENT, SUICIDE, OR HOMICIDE <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>		21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY) (STATE) <b>St Louis Mo</b>									
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Dec 30 54 8:10<sup>am</sup></b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>E9160</b>									
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>11:37 A m.</b> , from the causes and on the date stated above. <b>160</b>													
23a. SIGNATURE (Degree or title) <b>Patrick E. Taylor Cassner</b>						23b. ADDRESS <b>1300 Clark</b>			23c. DATE SIGNED <b>1. 19. 55.</b>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Jan 20 1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Missouri</b>							
DATE REC'D BY LOCAL REG. <b>JAN 19 1955</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith Mo</b>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Math Hermann &amp; Son, Inc., 2161 E. Fair Ave.</b>							

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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Clement M. Healy*

Licensed Embalmer No. *393*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.