Health, Welfare Public Service

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED SEP 17 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

34103

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8329

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Saint Louis — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Christian Hospital — Length of stay in 1b ———
07

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY ✓
c. CITY OR TOWN Saint Louis — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 8571 Drury Lane, — Reside on Farm Yes [ ] No [X]
08

3. NAME OF DECEASED (Type or print) First WILLIAM Middle C. Last SCHNITZIUS

4. DATE OF DEATH Month Day Year Sept. 3rd, 1957

5. SEX Male

6. COLOR OR RACE White

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH Sept. 19th, 1897

9. AGE (In years last birthday) 59 — 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) Retired Purchasing Agt.

10b. KIND OF BUSINESS OR INDUSTRY Barry-Wehmiller Machinery Co.

11. BIRTHPLACE (City and state or country) St. Louis, Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME William Schnitzius

14. MOTHER'S MAIDEN NAME Minnie A. West

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes — (If yes, give war or dates of service) World War # 1

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT Address Mrs. Ida Schnitzius, 8571 Drury Lane, 21,

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH 2 1/2 da

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ____ DUE TO (c) 420.1

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Aug 31/57, to Sept 3-1957 and last saw ~~her~~ him alive on Sept 3-1957. Death occurred at 7:40 a m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) John G McSurney MD

22b. ADDRESS 5014 Thekla Av

22c. DATE SIGNED 9/4/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 9/6/57

23c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery

23d. LOCATION (City, town, or county) (State) St. Louis, Missouri

24. FUNERAL DIRECTOR ADDRESS CALVIN F. FEUTZ, 4828 Natural Bridge Blvd., FUNERAL HOME, INC., St. Louis, 15, Mo.

25. DATE RECD. BY LOCAL REG. SEP 5 '57

26. REGISTRAR'S SIGNATURE J Earl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

Wednesday

File in City

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed...Ralph C. Linders.....

Licensed Embalmer No..42

P. O. Address..St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (I
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.