

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, give TOWNSHIP only) OR TOWN 915 N. GRAND, ST. LOUIS, MO.		c. CITY OR TOWN ST. LOUIS	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) 1 HOSPITAL OR INSTITUTION VET. ADM. HOSPITAL		d. STREET ADDRESS (If outside, give location) 5 267 1939 SULLIVAN	
Length of stay in 1b 54 days		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last ALEXANDER J. SCHNURR			4. DATE OF DEATH Month Day Year NOVEMBER 2, 1957
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 2/6/88
9. AGE (In years last birthday) 69		10. F UNDER 1 YEAR Months Days	11. IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none (Retired)		10b. KIND OF BUSINESS OR INDUSTRY Brink's, Inc	11. BIRTHPLACE (City and state or country) ST. LOUIS MO.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME OTTO SCHNURR	
13b. MOTHER'S MAIDEN NAME ELIZABETH KUMMER (KUMMER)		14. NAME OF HUSBAND OR WIFE MAUDE M. SCHNURR	
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. 493-05-5259	17. INFORMANT Address VA HOSP. RECORDS, ST. LOUIS, MO.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BRONCHO PNEUMONIA Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ASPIRATION OF FOREIGN MATERIAL DUE TO (c) 491X			19. TIME BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) MARKED GENERALIZED ARTERIOSCLEROSIS WITH MYOCARDIAL INFARCTION OLD			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED (Be as specific as possible or PART II of item 18.) HEAD IN CEREBRAL ARTERIA.	
20c. TIME OF INJURY Hour a.m. pm. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
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 9/9/57 to 11/2/57 and last saw him alive on 11/2/57 Death occurred at 12:30 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE John L. Hazelbert (Degree or title) M.D.		22b. ADDRESS VAH, ST. LOUIS, MO.	
22c. DATE SIGNED 11/2/57		23. NAME OF CEMETERY OR CREMATORY Hiram Park Cemetery	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Nov 6 1957	
23c. LOCATION (City, town, or county) (State) St. Louis County Missouri		24. FUNERAL DIRECTOR ADDRESS Math Hermann & Son, Insc, 2161 E. Fair Av	
25. DATE RECD. BY LOCAL REG. NOV 5 '57		26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D. S.P.	

Decoy, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Allen H. Holt* .....

Licensed Embalmer No. *3737*

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