Health, & Welfare Public Service

S. 300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-030936
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8262

FILED SEP 8 1958

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY

b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) St.Louis — Inside Limits Yes [X] No [ ]

c. CITY OR TOWN St.Louis — Inside Limits Yes [X] No [ ]

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 1113 Emmett ave — Length of stay in lb 12 yrs.

d. STREET ADDRESS (If outside, give location) 1113 Emmett ave. — Reside on Farm Yes [ ] No [ ]

01 2239

3. NAME OF DECEASED (Type or print) First Joseph Middle S. Last Schnellmann

4. DATE OF DEATH Month August Day 24, Year 1958

5. SEX Male 0

6. COLOR OR RACE White

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ] 2

8. DATE OF BIRTH March 4,1885

9. AGE (In years last birthday) 73 — 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) Hospital Worker-Retired

10b. KIND OF BUSINESS OR INDUSTRY City Hospital

11. BIRTHPLACE (City and state or country) St.Louis Co.Mo. 0

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Joseph Schnellmann

13b. MOTHER'S MAIDEN NAME Anna Feldman

14. NAME OF HUSBAND OR WIFE Annie

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

16. SOCIAL SECURITY NO. 486-14-4856

17. INFORMANT Address Hy.Schnellmann Box 425 Pevely,Mo.

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) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH

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

DUE TO (c) 420.0

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]

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

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 2

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 7-31-58, to 8-24-58 and last saw her alive on 8-21-58
Death occurred at 10 a.m. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) C. L. Mellin M80

22b. ADDRESS 3807 Paloma

22c. DATE SIGNED 8-25-58

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

23b. DATE Aug.27,1958

23c. NAME OF CEMETERY OR CREMATORY Mount Olive Cemetery

23d. LOCATION (City, town, or county) (State) 3700 Mt.Olive Rd.Lemay 25,Mo.

24. FUNERAL DIRECTOR ADDRESS C.Hoffmeister Mortuaries 7814 S.Broadway

25. DATE RECD. BY LOCAL REG. AUG 26 '58

26. REGISTRAR'S SIGNATURE J. Earl Smith M.D. S.P.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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

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 Lee C. Branson

Licensed Embalmer No. 4764

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.