

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>St. Louis</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Length of stay in 1b <b>22 days</b>	c. CITY OR TOWN <b>Grover</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Deaconess</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Highway 100</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>J.</b> Middle <b>Edward</b> Last <b>Schnarr</b>			4. DATE OF DEATH Month <b>Sept</b> Day <b>23</b> Year <b>1960</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>3-29-86</b>	9. AGE (last birthday) <b>74</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>real estate business</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>self employed</b>	11. BIRTHPLACE (City and state or country) <b>St. Louis Co., Mo</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>John Schnarr</b>		13b. MOTHER'S MAIDEN NAME <b>Friederica Lempke</b>		14. NAME OF HUSBAND OR WIFE <b>Ida Wolff Schnarr</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>494-36-9197</b>	17. INFORMANT Address <b>Ida Schnarr Grover, Mo.</b>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) **Carcinoma of Stomach** INTERVAL BETWEEN ONSET AND DEATH **6 mo**  
 DUE TO (b) \_\_\_\_\_  
 DUE TO (c) **151x**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  
 PART III. If deceased was female was there a pregnancy in last 90 days.  
 Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO   
 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 \_\_\_\_\_ Month, Day, Year \_\_\_\_\_  
 a.m. p.m.  
 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 **JUNE 18 1960** to **SEPT 23 1960** and last saw her/him alive on **SEPT 23 1960**  
 Death occurred at **6:30 p** m on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE *Loan Smith M.D.* (Degree or title) 22b. ADDRESS *1620 Bernadette, Clayton, Mo.* 22c. DATE SIGNED **9/26/60**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **9-26-60** 23c. NAME OF CEMETERY OR CREMATORY **St. Paul Cemetery** 23d. LOCATION (City, town, or county) (State) **H'way 109 Grover, Mo.**

24. FUNERAL DIRECTOR ADDRESS **Schrader Funeral Home Ballwin, Mo.** 25. DATE RECD. BY LOCAL REG. **SEP 26 1960** 26. REGISTRAR'S SIGNATURE *Loan Smith M.D.*

DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed Richard M. Ballwin

Licensed Embalmer No. 458

P. O. Address Ballwin

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