MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

10852

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 2673

Township ..... Primary Registration District No. 1003 Registered No. 2673

City St. Louis Mo (No. Little Sister of Poor St. 77 Ward)

2. FULL NAME Frank X. Schnetzler

(a) Residence. No. 3400 S. Grand Blvd St., 16 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 10 1848

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	80	0	29	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Unknown

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

PARENTS

10. NAME OF FATHER Frank Schnetzler

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

14. INFORMANT Wm. Schnetzler
(Address) 726 Shenandoah St.

15. FILED MAR -9 1928 Max C. Starkoff REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 9 1928

17. I HEREBY CERTIFY, That I attended deceased from March 7, 1928, to March 8, 1928 that I last saw h... alive on March 8, 1928, and that death occurred, on the date stated above, at 5 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

107A Bronchial Pneumonia
97
(duration) yrs. mos. 9 ds.

CONTRIBUTORY (SECONDARY) Arteria Sclerosis
(duration) yrs. mos. 9 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 1070

8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) [illegible] Garcia, M. D

5/9, 1928 (Address) 3165 S. Grand

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: S.S. Peter & Paul Cemetery
DATE OF BURIAL: March 12 1928

20. UNDERTAKER: Wm. J. Robert
ADDRESS: 1905 S. Grand Blvd

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.