JUL 9 1938 REC'D JUL 17 1938

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

3

22926
Do not use this space.

1. PLACE OF DEATH
(a) County St Louis 1 Registration District No. 784
(b) Township ~~Normandy~~ Primary Registration District No. 200 Registered No. 1173
(c) City Pinelawn (d) Street No. WPA Project - Pine Lawn St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Frank Schnettler
(a) Residence, No. 4774A Labadie St. ☐ (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Lillian Schnettler
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 12-21-1895
7. AGE: YEARS 42 | MONTHS 6 | DAYS 16 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Night Watchman
9. Industry or business in which work was done, as saw mill, bank, etc.: W.P.A.
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation: 2.05

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis Mo

FATHER
13. NAME: Frank Schnettler
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis Mo

MOTHER
15. MAIDEN NAME: Mary Dickman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis Mo

17. INFORMANT (ADDRESS): Lillian Schnettler 4774 A Labadie Ave
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Calvary Cem DATE: 7-11 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Meek + Dickman 3039 Easton ave.
20. FILED: 7-9 1938 T.R. Meyer M.D. Dr. P.H. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 7-7 1938
22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....
I last saw h..... alive on ....., 19.... Death is said to have occurred on the date stated above, at 2:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Traumatism by machine.	
Steam shovel "bucket" accidentally deseended striking deceased.	7/7

Other contributory causes of importance:
Fractured skull.
Internal injuries.

Name of operation: physical signs Date of: 7/7/38
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide: accident Date of injury: 7/7/38
Where did injury occur? pine lawn, mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury: Public place
Nature of injury: Steam shovel bucket fell. Fractured skull
24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) John O'Connell M. D.
Coroner of St. Louis County, Mo.
(Address)

(Licensed Embalmer's Statement on Reverse Side)

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

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 .....,

Registered Apprentice No....., working under my personal supervision.

Signed Howard F. Rowland

Licensed Embalmer No. 3114

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 this body is not embalmed, above space should be left blank.