

REC'D APR 12 1939

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

8315

Do not use this space.

1. PLACE OF DEATH

(a) County 1 Registration District No. 731
(b) Township 1 Primary Registration District No. 1008
(c) City St. Louis, Mo. (d) Street No. 4618 Vernon Av. St. 2080
(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 Louis E. Schnute.

(a) Residence, No. 4618 Vernon Av. St. 12
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 27, 1858.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 9 2

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

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

13. NAME Ernest L Schnute
14. BIRTHPLACE (CITY OR TOWN) Germany
(STATE OR COUNTRY)

15. MAIDEN NAME Mary Schultz16. BIRTHPLACE (CITY OR TOWN) Germany
(STATE OR COUNTRY)17. INFORMANT Venchie Schultz
(ADDRESS) 4618 Vernon Av.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Salem Cem. DATE March 4, 1939

19. FUNERAL DIRECTOR Bergesch Undertaking Co
(ADDRESS) 3661 Washington Bl.

20. FILED MAR 4 1939 J. D. Bruders Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 1, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 19, 1933, to March 1, 1939.
I last saw him alive on Feb 22, 1939. Death is said

to have occurred on the date stated above, at 5 P. M.
The principal cause of death and related causes of importance were as follows:

Coronary ThrombosisDate of onset 1933

Other contributory causes of importance:

Arteriosclerosis

1938

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?.....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify.....

(Signed) W. E. Jones, M. D.(Address) 4500 Olive St.

STATEMENT BY LICENSED EMBALMER

I, Howard Rowland, Licensed Embalmer No. 3114

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Myself

L. E.

No. _____ or by _____ Registered Apprentice No. _____
working under my personal supervision.

Signed Howard Rowland
Licensed Embalmer No. 3114

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.)