

REC'D AUG 11 1939 791

Registration District No. 1003

Primary Registration District No. \_\_\_\_\_

Registrar's No. 6041

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town Saint Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Missouri Baptist Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 days  
In this community 19 years (Specify whether years, months or days)

3. (a) PRINTED FULL NAME William Adam Schnable

8. (b) If veteran, name war No. 8. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Pearl Schnable 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased Aug 23 1861  
(Month) (Day) (Year)

8. AGE: Years 77 Months 10 Days 15 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace York, Pa.  
(City, town, or county) (State or foreign country)

10. Usual occupation Bookkeeper

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Charles Schnable  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs Pearl Schnable  
(b) Address 327 Tiffin, Ferguson, Mo.

17. (a) Cremation (b) Date thereof July 12, 1939  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Craig Undertak. Co.  
(b) Address 4468 Washington Blvd.

19. (a) III 9 1939  
(Date) (Month) (Day) (Year) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town Saint Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 327 Tiffin, Ferguson, Mo.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8  
year 1939 hour 9:45 minute A M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_  
1928 to July 8, 1939  
that I last saw him alive on July 8, 1939  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Disease Duration 12 yrs

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions C.P.C Lungobn TB 2 days  
(Include pregnancy within 3 months of death)

Major findings: (chronic passive congestion) PHYSICIAN \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature A. Nakada (M. D. or other) \_\_\_\_\_  
Address Numboldt Bldg Date signed 7/12/39

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

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**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.....

*Philip M. Kratz*

Licensed Embalmer No. 3281

P. O. Address 4468 Washington Blvd.

**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.**