

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

30904

Registration District No.

Primary Registration District No.

Registrar's No.

7967

## 1. PLACE OF DEATH:

(a) County.....  
 (b) City or town ST. LOUIS  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
De Paul Hospital 1  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1 Week  
 (Specify whether  
 In this community Since Birth (Specify whether  
 years, months or days)

3. (a) PRINT FULL NAME MARY E. SCHNITZ 5323. (b) If veteran, name war None 3. (c) Social Security No. None4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife William S. Schnitz 6. (c) Age of husband or wife if alive 48 yrs years7. Birth date of deceased Dec. 24, 1890  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
48 8 21 hr. min.9. Birthplace Alton Ill.  
(City, town, or county) (State or foreign country)10. Usual occupation At Home

11. Industry or business

12. Name Adolph La Chance13. Birthplace Ill.  
(City, town, or county) (State or foreign country)14. Maiden name Rosetta Schuller  
(City, town, or county) (State or foreign country)15. Birthplace Bellefontaine Mo  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature M. E. Schnitz(b) Address 5466 Beacon Street17. (a) Burial (b) Date thereof 9/18/39  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation New Bethlehem Cemetery18. (a) Signature of funeral director Math. Hermann & Son(b) Address 2161 East Fair Avenue19. (a) SEP 15 1939 (b) J. P. Bredich  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....  
 (c) City or town St. Louis 7  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 5466 Beacon Avenue  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? Since Birth years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 14  
year 1939 hour 8 minute 20 PM.21. I hereby certify that I attended the deceased from Aug. 5  
1939, to Sept. 14, 1939  
that I last saw 21 alive on September 14, 1939  
and that death occurred on the date and hour stated above.Immediate cause of death Central Neurothage  
Due to HypertensionDue to Stroke  
Other conditions (Include pregnancy within 3 months of death)Major findings: Stroke  
Of operations  
Of autopsyDuration  
1 dayPHYSICIAN  
Underline the cause to which death should be charged statistically22. 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) (a) Means of injury  
23. Signature J. M. H. H. H. (M. D. or other) MD  
Address 401 Humboldt Bldg Date signed 9/15/39

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 *William G. Buchholz*

Licensed Embalmer No. *2110*

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.**