

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

Rev. 5-17-39
Form 1-1-39

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

38056

DEC 13 1939

Registration District No.

Primary Registration District No.

Registrar's No.

9895

1. PLACE OF DEATH: **1003**

- (a) County St. Louis
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: City Hospital No. 1
 (If not in hospital or institution, write street number and location)
 (d) Length of stay: In hospital or institution 1 week
 (Specify whether years, months or days)

In this community _____

3. (a) PRINT FULL NAME Frank B. Schnorbus

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Helena 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased March 10 1866
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>8</u>	<u>8</u>	hr. min.

9. Birthplace St. Louis Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Brush Maker

11. Industry or business _____

MOTHER FATHER { 12. Name Franz Schnorbus 6

18. Birthplace Germany 6
 (City, town, or county) (State or foreign country)

14. Maiden name Bertha Vonerk

15. Birthplace Germany
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. F. Schnorbus

(b) Address 2004 Gravois

17. (a) Burial (b) Date thereof Nov. 22, 1939
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SS. Peter & Paul Cemetery

18. (a) Signature of funeral director J. B. ...

(b) Address 2630 Gravois

19. (a) NOV 20 1939 (b) _____
 (Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County _____
 (c) City or town St. Louis 23
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2004 Gravois
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. No Physician in Attendance years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 18
 year 1939 hour 6 minute 35 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of left femur; Arterio-sclerosis Duration
suffered a fall to floor on
his home on November
12th, 1939 about 1:00 A.M.
 Due to _____
 Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 186a

Of autopsy 18

PHYSICIAN

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 J. B. ... (M. D. or other) _____
 Address ... Date signed _____

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..... He

Robert F. Gebken

Registered Apprentice No. **187**

working under my personal supervision.

Signed.....

Herman A. Gebken

Licensed Embalmer No. **2120**

2842 Meramec St.

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.