

JAN 12 1946 791

Registration District No. **1000** Primary Registration District No. _____

1. PLACE OF DEATH: **1000**

(a) County _____ 1

(b) City or town **St. Louis, Mo.**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Mo. Baptist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____
years, months or days)

8. (a) PRINT FULL NAME **Cornell Schatte 3rd**

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

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

6. (b) Name of husband or wife **Single** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **June 29 1893**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	46	5	27	hr. _____ min.

9. Birthplace **New Athens Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

12. Name **William Schatte**

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

14. Maiden name **Catherine Hermann**

15. Birthplace **New Athens Illinois**
(City, town, or county) (State or foreign country)

16. (a) Informant **Edw. Gain**

(b) Address **6003 Enright Ave.**

17. (a) **Removal** (b) Date thereof **12/28/39**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Marissa, Ill.**

18. (a) Signature of funeral director **Albert H. Hoppe**

(b) Address **4700 Washington Ave.**

19. (a) **DEC 28 1939** (b) **J. F. Braddock**
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED: **2**

(a) State **Illinois** (b) County _____

(c) City or town **Marissa N.R.**
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **26**
year **1939** hour **8** minute **30P** M.

21. I hereby certify that I attended the deceased from **Dec 7 1939** to **Dec 26 1939**
that I last saw him alive on **Dec 26 1939**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocardial Disease**

Due to **Mitral Stenosis Ch.**

Due to **Pulmonary Embolism.**

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

Major findings: _____
Of operations _____

Of autopsy _____

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 _____

28. Signature **Jay A. Mays** (M. D. or other) _____
Address **603 University Club** Date signed **12/27/39**

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

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.