

MAY 15 1940 791
Registration District No. _____

Primary Registration District No. _____

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:
3117 Rauschenbach Ave.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Nil (Specify whether
 In this community 55 Years (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME Fred Schnake Seeger 2603. (b) If veteran, name war Nil 3. (c) Social Security No. 498-03-18664. Sex Male 5. Color or White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased April 4th 1880
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
59 11 27 hr. min.9. Birthplace Heyleton Illinois
(City, town, or county) (State or foreign country)10. Usual occupation Wood worker11. Industry or business Fixture Company12. Name William Schnake13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)14. Maiden name Anna Kleyberger15. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Wm J. Schnake(b) Address 3117 Rauschenbach Ave.17. (a) Burial (b) Date thereof 4/3/40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation New Bethlehem Cem.18. (a) Signature of funeral director Bludmeyer & Sons(b) Address 3934 N. 20th St.19. (a) APR 2 1940 (b) J.D. [Signature]
(Date received local registrar) (Date of signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis 20
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3117 Rauschenbach Ave.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31
year 1940 hour 9 minute 40 PM.21. I hereby certify that I attended the deceased from
Feb. 11th, 1939, to MAR. 31st, 1940that I last saw him alive on MAR. 31st, 1940
and that death occurred on the date and hour stated above.Immediate cause of death PULMONARY
HEMORRHAGE Duration 15 MIN.Due to GARCINOMA, LEFT LUNG 6 MONTHSDue to METASTATIC GROWTHS
IN SPINE ANDOther conditions LEFT INNOMINATE BOD
(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)
(a) Means of injury _____23. Signature Edwin J. [Signature] (M. D. or other) M.D.Address 3635 NOLAN STEAD 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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Alfred J. Goedeker

Licensed Embalmer No. *2663*

P. O. Address *4204 Prairie*

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.