8
. No. 2
-11-10-39
5-17-39
I X21492

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

FILED SEP 25 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 27414

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 7310

**1. PLACE OF DEATH:**

(a) County

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

(c) Name of hospital or institution: St. Louis City Hospital, #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 Days (Specify whether years, months or days)

In this community 59 years

**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. 2318 Mullanphy
(If rural, give location)

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

3. (a) PRINT FULL NAME William Schanz 570

3. (b) If veteran, name war World War

3. (c) Social Security No. -

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Unknown

6. (b) Name of husband or wife Unknown

6. (c) Age of husband or wife if alive - years

7. Birth date of deceased July (Month) 3 (Day) 1881 (Year)

8. AGE: Years 59 Months 1 Days 25 If less than one day hr. min.

9. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country) 0

10. Usual occupation Carpernter

11. Industry or business Unemployed

MOTHER FATHER

12. Name Fred Schanz

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

14. Maiden name Ellen Gilligan

15. Birthplace Syracuse (City, town, or county) New York (State or foreign country)

16. (a) Informant Mrs. Mark Schanz

(b) Address 3725 Cote Brilliant, St. Louis, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-31-40 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director C. Hoffmeister U. & E. Co.

(b) Address 7814 S. Broadway, St. Louis, Mo.

19. (a) AUG 30 1940 (Date received by Registrar) (b) J. T. Broderick (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month August day 28, year 1940 hour 1:10 minute A. M.

21. I hereby certify that I attended the deceased from August 24, 1940, to August 28, 1940; that I last saw him alive on August 28, 1940; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Carcinoma of Colon c metastasis to Liver | |
| Due to: Lungs + regional lymph nodes. | |
| Due to: 46 | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings: Of operation Carcinoma of Colon with metastasis

Of autopsy Carcinoma of Colon c metastasis

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? (Specify type of place)

While at work (e) Means of injury

23. Signature L. V. Mulligan (M. D.)

Address 1515 Lafayette Ave., Date signed 8/28/40

(Licensed Embalmer's Statement on Reverse Side)

5

## 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 Edwin H. Leibinger

Licensed Embalmer No. 1040

P. O. Address 6464 Chippewa

**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.**