S. No. 2
M—5-42
v. 5-7-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7707

FILED MAR 11 1943

Registration District No. 1483

Primary Registration District No. 101

Registrar's No. 404

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis County Hosp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 0
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town Carsonville 0
(If outside city or town limits, write "RURAL")
(d) Street No. 8525 Jane Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME John Jacob Schnell

3. (b) If veteran, name war No

3. (c) Social Security 489-09-5205.

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Lydia

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Jan. (Month) 2 (Day) 1876 (Year)

8. AGE:

Years	Months	Days	If less than one day
66	1	13	hr. min.

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

10. Usual occupation Sheet metal worker

11. Industry or business

FATHER
12. Name Henry Schnell
13. Birthplace (City, town, or county) Germany (State or foreign country) 4

MOTHER
14. Maiden name Louise Remenschneider
15. Birthplace (City, town, or county) Germany (State or foreign country) 4

16. (a) Informant Mrs. Lydia Schnell
(b) Address 8525 Jane, Carsonville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/18/43. (Month) (Day) (Year)
(c) Place: burial or cremation Zion Cemetery

18. (a) Signature of funeral director Jos. W. Clarke
(b) Address 1125 Hodiamont Ave.

19. (a) FEB 17 1943 (Date received local registrar) (b) E. J. McGovern MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 15
year 1943 hour 6:45 minute P M.

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

Immediate cause of death Natural causes.

Due to Arterio sclerosis of coronary arteries, adv. with

Due to thrombosis of right coronary artery and complete occlusion;

Other conditions Acute passive congestion of lungs; No demonstrable
(Include pregnancy within 3 months of death)

Major findings: Of operations infarction of myocardium.

Of autopsy Yes. 94a

Duration

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 Louis H Bapp Coroner (M. D. or other)
Address Kirkwood, Mo. 2-16-43 Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 John M. Meyer

Licensed Embalmer No. 3288

P. O. Address Kirkwood 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, fact should be so stated above.