

ED APR 3 1943

2302

Registration District No. **318**

Primary Registration District No. **1002**

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:
8540 Church Rd. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether
In this community Birth
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 9
(d) Street No. 8540 Church Rd.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Charlotte Schnatzmeyer

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

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

7. Birth date of deceased March 29, 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 11 26 hr. min.

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

10. Usual occupation At home

11. Industry or business Unknown

12. Name Unknown Germany

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

14. Maiden name Unknown

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

16. (a) Informant Harry Schnatzmeyer

(b) Address 1050 Hornsby Ave

17. (a) Burial (b) Date thereof 3/29/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Bethlehem Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) MAR 28 1943 (b) J. J. Budeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25,
year 1943 hour 10:00 AM minute _____ M.

21. I hereby certify that I attended the deceased from Jan 1
1943 to March 25, 1943
that I last saw her alive on March 25, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death:
respiratory (acute) & 1 wk
hypostatic pneumonia & lobar
pneumonia & edema 6-8 wks

Due to _____
Due to _____

Other conditions Chronic cholelithiasis 15 yrs
(Include pregnancy within 3 months of death) stones

Major findings:
Of operations 108
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)
(c) Means of injury _____

23. Signature J. J. Budeck (M. D. or other) _____
Address 8201 N. Broadway Date signed 3/26/43

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

MOTHER FATHER

MAR 26 1943

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 Francis C. Williamson

Licensed Embalmer No. 3565

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, fact should be so stated above.