

FILED JUN 14 1943 318

Primary Registration District No. 1003

Registrar's No. 5103

1. PLACE OF DEATH:

(a) County  
(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:  
Isolation Hospital, 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
In this community 5-24-43 to 5-31-43 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County  
(c) City or town St. Louis Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3904 Beechwood, Pine Lawn,  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

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17  
9  
N.R.

3. (a) PRINT FULL NAME Dennis Schantz,

3. (b) If veteran, name war None 3. (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 None 6. (c) Age of husband or wife if alive ----- years

7. Birth date of deceased July 26 1942  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
10 5 hr. min.

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

10. Usual occupation Child

11. Industry or business

MOTHER FATHER  
{ 12. Name Walter Schantz,  
{ 13. Birthplace Missouri 0  
(City, town, or county) (State or foreign country)  
{ 14. Maiden name Mary O'Brien,  
{ 15. Birthplace Missouri, 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Henrietta Buchanan,  
(b) Address Isolation Hospital

17. (a) Burial (b) Date thereof 6/3/43  
(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) JUN 3 1943 J. F. Budeck  
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31  
year 1943 hour 4 minute 50 A. M.

21. I hereby certify that I attended the deceased from May 24  
1943 to May 31 1943  
that I last saw him alive on May 31 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Tuberculous meningitis  
lungs not diseased

Due to  
Due to  
Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations  
Of autopsy

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?  
While at work? (Specify type of place) (e) Means of injury

23. Signature V. S. Lanier (M. D. or other)  
Address 7576 Chouteau Date signed 6/1/43

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

*Signature of Embalmer*

**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 *Walter H. Burnley*  
Licensed Embalmer No. *4202*  
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.)**

*EAT 1/12* If this body is not embalmed, fact should be so stated above.