

Registration District No. 1003

Primary Registration District No. 1003

Registrar's No. 8667

1. PLACE OF DEATH:

(a) County St. Louis, Missouri.  
 (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:  
Firmin DesLoge Hospital  
 (If not in hospital or institution, write street number or location) 0  
 (d) Length of stay: In hospital or institution (Specify whether years, months or days)

3. (a) PRINT FULL NAME Schanzmeyer, Henry J.  
 3. (b) If veteran, name war None  
 3. (c) Social Security No. Unavailable

4. Sex Male 5. Color or race 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 November 13 1922  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
20 10 16 hr. min.

9. Birthplace Meta Missouri  
 (City, town, or county) (State or foreign country)

10. Usual occupation Factory Worker  
 11. Industry or business Cheese Factory

12. Name Henry Schanzmeyer

13. Birthplace Westphalia Missouri  
 (City, town, or county) (State or foreign country)

14. Maiden name Theresa Massman

15. Birthplace Meta Missouri  
 (City, town, or county) (State or foreign country)

16. (a) Informant Marie Schanzmeyer  
 (b) Address c/o Firmin DesLoge Hospital

17. (a) Burial (b) Date thereof 9/30/43  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Meta, Missouri.

18. (a) Signature of funeral director Albert H. Hoppe, Inc  
 (b) Address 4700 Washington Blvd.

19. (a) SEP 30 1943 (b) J. T. Bredich  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Osage  
 (c) City or town Meta  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 29  
 year 1943 hour 4 minute 3 A.M.  
 21. I hereby certify that I attended the deceased from 9-9-43  
 \_\_\_\_\_, 19\_\_\_\_, to 9-29-43, 19\_\_\_\_;  
 that I last saw him alive on 9-28-43, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Rupture of aorta  
non-syphilitic  
Due to mycotic aneurysm  
Coarctation of aorta.  
 Due to Subacute Bact. Endocarditis  
 Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy See above

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 W. Conner (M. D. or other)  
 Address 634 S. Grand Date signed 9/30

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

MOTHER FATHER

179

076  
NR  
0

Duration  
15  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

**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 W. Gouroski*.....  
Licensed Embalmer No. *2398*.....  
P. O. Address.....

**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.**