

FILED DEC 30 1943
Registration District No. 303

Primary Registration District No. 1003

Registrar's No. 10187

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:
City Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Years 6 Months
In this community Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17
(c) City or town St. Louis.
(If outside city or town limits, write "RURAL")
(d) Street No. 5800 Arsenal St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME SCHNURR, CHARLES.

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Div. 3

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

7. Birth date of deceased July 14, 1899
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
44 4 7 hr. _____ min.

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

10. Usual occupation Printer

11. Industry or business _____
MOTHER FATHER { 12. Name Louis Schnurr
Austria 13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name Pearl Rothman
15. Birthplace Austria (City, town, or county) (State or foreign country)

16. (a) Informant Wm. Windsheimer.
(b) Address 5800 Arsenal St.

17. (a) burial (b) Date thereof 11/21/43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director Berger Memorial
(b) Address 4715 McPherson ave.

19. (a) NOV 21 1943 (b) J. F. Beckack
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 21,
year 1943 hour 2:30 minute A. M.

21. I hereby certify that I attended the deceased from May 8th;
19 42 to November 21, 19 43
that I last saw h Him alive on November 21, 19 43
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia Duration 12 days

Due to _____
Due to _____

Other conditions Middle cerebral thrombosis
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____
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? _____

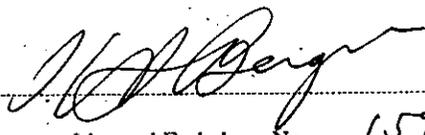
While at work? _____ (Specify type of place) (e) Means of Injury _____
23. Signature Thomas A. Sweetman MD (M. D. or other)
Address City Infirmary Date signed 11-21-43

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

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.....



Licensed Embalmer No. 1597

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.