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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 20 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12181

Registration District No. 217 Primary Registration District No. 3063 Registrar's No. 638

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town ~~Lemay~~ ----- ~~Rural~~ Clayton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: County Hospital.
~~Christopher Road south of Telegraph Rd.~~ 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 40 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis 96

(c) City or town Lemay Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. RFD #9 Christopher Rd. 0
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country /

3. (a) PRINT FULL NAME John William Schnell

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Sophie Schnell

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased September (Month) 21 (Day) 1877 (Year)

8. AGE: Years 66 Months 5 Days 20 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business Self

FATHER
12. Name Joseph Schnell
13. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Louise Drier
15. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Mrs. Sophie Schneller

(b) Address Route 9, Lemay, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 14, 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director C. Hoffmeister U.&L.Co.

(b) Address 7814 S. Broadway St. Louis, Mo.

19. (a) MAR 15 1944 (Date received local registrar) (b) E. D. McGavran, M.D. (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11 year 1944 hour 1:20 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 Self-inflicted gun-shot wound of head.

Due to Gun-shot wound of head.

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 164c

Of autopsy Yes.

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) Suicide.

(b) Date of occurrence March 11, 1944

(c) Where did injury occur? Lemay, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? In own barn. (Specify type of place)

While at work? (e) Means of injury

23. Signature H. S. Breyfogle Deputy Coroner. (M. D. or other)

Address Kirkwood, Mo. 6-13-44 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 Linus C. Hoffmeister, Registered Apprentice No. ....., working under my personal supervision.

Signed Linus C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.