

No. 2
-5-43
17-39
X36871

FILED MAY 1 1944

State File No.
Registrar's No. 969

Registration District No. 3

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Lakewood

(c) Name of hospital or institution:
7836 Delmont Ave.

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 50 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Lakewood

(If outside city or town limits, write "RURAL")

(d) Street No. 7836 Delmont Ave.

(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Eva Schnur

3. (b) If veteran, name war XX

3. (c) Social Security No. XX

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21st year 1944 hour 10:00 minute P. M.

21. I hereby certify that I attended the deceased from June 1, 1943, to April 21, 1944

that I last saw her alive on April 21, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of rectum & liver.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife John Schnur

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased March 19 1883

(Month) (Day) (Year)

Duration

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

8. AGE:

Years	Months	Days	If less than one day
<u>61</u>	<u>1</u>	<u>2</u>	hr. _____ min.

PHYSICIAN

Major findings:
Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

9. Birthplace Jugoslavia

(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

12. Name Franz Maier

13. Birthplace Jugoslavia

(City, town, or county) (State or foreign country)

14. Maiden name Hummelsbach

15. Birthplace Jugoslavia

(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Anna M. Schnur

(b) Address 7836 Delmont Ave.

17. (a) Burial (b) Date thereof Apr. 24, '44

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lakewood Park Cem.

23. Signature Matilda J. Tibe (M. D. or other)

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

Address 4110 Ellicott Date signed 4/24/44

18. (a) Signature of funeral director J. L. Ziegenhein & Sons

(b) Address 7027 Gravois Ave.

19. (a) APR 25 1944 (b) E. G. McHarran, MD

(Date received local registrar) (Registrar's signature)

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

DEC 29 1948

MAY 9 1944
MAY 17 1944

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

E. P. Kedwell

Licensed Embalmer No. *3877*

P. O. Address

7027 Mavois

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.