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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 30 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20238

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 5640

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

1. PLACE OF DEATH:

(a) County St Louis Mo
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1402 - St Louis Ave (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days) 1

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St Louis (If outside city or town limits, write "RURAL")
(d) Street No. 1402 a St Louis (If rural, give location) 26
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Caroline Schnurr
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Alexander
6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased Oct (Month) 9 (Day) 1881 (Year)

8. AGE: Years 62 Months 8 Days 13 If less than one day hr. min.

9. Birthplace St Louis (City, town, or county) Mo (State or foreign country) 0
10. Usual occupation Housewife
11. Industry or business Home
FATHER
12. Name Adam Meyer
13. Birthplace (City, town, or county) Germany (State or foreign country) 4
MOTHER
14. Maiden name Anna Schmitt
15. Birthplace (City, town, or county) Germany (State or foreign country) 4
16. (a) Informant Alexander Schnurr
(b) Address 1402 a St Louis
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 24, 44 (Month) (Day) (Year)
(c) Place: burial or cremation Hiram Cem
18. (a) Signature of funeral director Prowst Und Co
(b) Address 3710 N Grand Blv.
19. (a) JUN 22 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22 year 1944 hour 12 minute 30 A.M.
21. I hereby certify that I attended the deceased from 4/3, 1944, to 6/8, 1944 that I last saw her alive on 6/8, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of ovary	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations as above
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature M. C. Abney 0 (M. D. or other)
Address Barnes Hospital St. Louis, Mo. Date signed 6/22/44

844

(Licensed Embalmer's Statement on Reverse Side)

JUL 24 1952

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 Robert L. Brinkman

Licensed Embalmer No. 2553

P. O. Address 3710 N. Grand

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.